

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90260 023 ***150.00

DOCUMENT # P99000017787

1. Entity Name
D.J.P. CONSULTING, INC.

Principal Place of Business 1860 PINE ISLAND BLVD 103 PLANTATION FL 33322	Mailing Address 1860 PINE ISLAND BLVD 103 PLANTATION FL 33322
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2. Principal Place of Business 3355 Bridle Path Lane	3. Mailing Address 3355 Bridle Path Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Weston Fla	City & State Weston Fla
Zip 33331	Country Broward
Zip 33331	Country Broward

4. FEI Number 65-0911760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**KOENIGSBERG, JAY
 1101 BRICKELL AVENUE, SUITE 800-SOUTH
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSTAL, JEFFREY 1860 N PINE ISLAND RD PLANTATION FL 33322
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dr. Jeffrey Postal* *Dr. Jeffrey Postal* *1/12/01* *954-288-8353*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10011707

CR2E034 (10/00)