

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020606

1. Entity Name

M & E CONSULTANTS OF BROWARD, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90039 024 ***150.00

Principal Place of Business

175 WEST CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 WEST CAMINO REAL
BOCA RATON FL 33432-5941

2. Principal Place of Business

7945 NW 8th

Suite, Apt. #, etc.

3. Mailing Address

7945 NW 8th

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

Zip

Country

33063

USA

Zip

Country

33063

USA

4. FEI Number

65-0904110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PLATTER, WILLIAM L
175 WEST CAMINO REAL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

P
CALDARO, MICHAEL
7945 NW 8TH CT
MARGATE FL 33063

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
CALDARO, ELLEN
175 WEST CAMINO REAL
BOCA RATON FL 33432

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
CALDARO, ELLEN
7945 NW 8th
MARGATE, FL, 33063

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Michael Caldaro / M. Caldaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

954-970-6716

Daytime Phone #