

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047670

1. Entity Name

J. HILL CONSULTANTS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90972 007 \*\*\*158.75

Principal Place of Business

Mailing Address

1512 NORTHWEST 112TH WAY  
 PEMBROKE PINES FL 33026

1512 NORTHWEST 112TH WAY  
 PEMBROKE PINES FL 33026-2604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10211 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #208

City & State

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0921745

Applied For

Not Applicable

Zip

Country

Zip

Country

33026

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PSTD  
 HILL, JEAN M  
 1512 NORTHWEST 112TH WAY  
 PEMBROKE PINES FL 33026

☐ Delete

TITLE  
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M. HILL (PSTD) DIRECTOR 4/27/00  
 8305920-9514  
 954 441-9822

Daytime Phone #

CR2E034 (9/99)