## 2001 UNIFORM BUSINESS REPORT (UBR)

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## May 22, 2001 8:00 am P99000047670 **DOCUMENT #** Secretary of State 1. Entity Name J. HILL CONSULTANTS INC. 05-22-2001 90032 046 \*\*\*158.75 Principal Place of Business. Mailing Address 1512 NW 112 WAY Pembroke pines FL 33026 US. 659605 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65092 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 図 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Spiceel + UTRERA, P.A. 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33/34 Zip Code City 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 reinstalling) DATE Signeture, typed or printed name of registered agent and title if applicable. FILE NOWIN FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SEAN M. HILL 1512 NW 112 WAY ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZP ☐ Addition ☐ Change TITLE MLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition πfl£ ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- 702 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED