

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # P99000063949

1. Entity Name

DLR CONSULTANTS, INC.

Principal Place of Business

22527 S.W. 7TH ST.
BOCA RATON FL 33433

Mailing Address

22527 S.W. 7TH ST.
BOCA RATON FL 33433-4649

2. Principal Place of Business

22527 SW 7th Street
Suite, Apt. #, etc.

3. Mailing Address

22527 SW 7th Street
Suite, Apt. #, etc.

City & State

Boca Raton, FL
Zip 33433 Country USA

City & State

Boca Raton, FL
Zip 33433 Country USA

4. FEI Number

65-0954106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESNICK, ROBERT B
4448 N. OCEAN BLVD., #4
GULF STREAM FL 33483

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 re-registering)

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 ☐ Delete
NAME D
STREET ADDRESS RESNICK, DIANE L
CITY-ST-ZIP 22527 S.W. 7TH ST.
BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Diane L Resnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.3.2000 5614832156

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 17, 2000 8:00 am
Secretary of State

01-24-2000 90083 025 ***150.00



DO NOT WRITE IN THIS SPACE