

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082702

1. Entity Name

NAZTASY CONSULTING GROUP, INC. *N/c 4-10-2000*

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90197 008 ***150.00

Principal Place of Business
16580 SOUTH POST ROAD #304
WESTON, FL 33331

Mailing Address
POST OFFICE BOX 660482
MIAMI SPRINGS, FL 33266-0482

655941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0948911

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DENA MARIA BLAKE
7858 SANIBEL DRIVE
TAMARAC, FL 33321

7. Name and Address of New Registered Agent
Name
DENA MARIA BLAKE
Street Address (P.O. Box Number is Not Acceptable)
16580 SOUTH POST ROAD #304
City WESTON FL Zip Code 33331

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 *Dena Maria Blake* DATE 4-26-00
DENA MARIA BLAKE (NOTE: Registered Agent signature required when reinstating)

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	DIRECTOR/PRESIDENT DENA MARIA BLAKE 7858 SANIBEL DRIVE TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/VICE PRESIDENT CHRISTOPHER J. EVERING 7858 SANIBEL DRIVE TAMARAC, FL 33321	<input checked="" 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	DIRECTOR/PRESIDENT DENA MARIA BLAKE 16580 SOUTH POST ROAD WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/VICE PRESIDENT CHRISTOPHER J. EVERING 16580 SOUTH POST ROAD WESTON, FL 33331	<input checked="" 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
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

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 *Christopher J. Evering* DIRECTOR/VICE PRESIDENT 4-26-00 954/410-0366
CHRISTOPHER J. EVERING Date Daytime Phone #

CR2E034 (9/99)