

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000005574

FILED
Mar 29, 2002 8:00 AM
Secretary of State

Entity Name: 180 DEGREES CONSULTING LLC

Current Principal Place of Business:

18495 S. DIXIE HWY
SUITE 245
MIAMI, FL 331576817

New Principal Place of Business:

18495 S. DIXIE HWY
SUITE 245
MIAMI, FL 331576817 US

Current Mailing Address:

18495 S. DIXIE HWY
SUITE 245
MIAMI, FL 331576817

New Mailing Address:

18495 S. DIXIE HWY
SUITE 245
MIAMI, FL 331576817 US

FEI Number: 65-0947081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ZWEIG, ROBERT M
Address: 18495 S. DIXIE HWY, STE 245
City-St-Zip: MIAMI, FL 331576817

Title: MGRM () Delete
Name: ZWEIG, BRIAN S
Address: 2 BRIDLE COURT
City-St-Zip: EAST GREENBRUSH, NY 12061

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZWEIG, ROBERT M
Address: 18495 S. DIXIE HWY, STE 245
City-St-Zip: MIAMI, FL 331576817 US

Title: MGRM (X) Change () Addition
Name: ZWEIG, BRIAN S
Address: 2 BRIDLE COURT
City-St-Zip: EAST GREENBRUSH, NY 12061 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT M ZWEIG

MGRM

03/29/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date