

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90137 044 ***150.00

0044533 AV /

DOCUMENT # P01000051970

1. Entity Name
HG CONSULTING CORPORATION



Principal Place of Business
22 N HIBISCUS DRIVE
MIAMI BEACH FL 33139

Mailing Address
22 N HIBISCUS DRIVE
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

1430 W. 21 ST. MIAMI BEACH, FL
1430 W. 21 ST. MIAMI BEACH, FL

CHECK HERE IF MAKING CHANGES

Zip
33140

Country
USA

Zip
33140

Country
USA

4. FEI Number
65-1114331

Applied For
Not Applicable

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

GREENBLATT, HAROLD
22 N HIBISCUS DRIVE
MIAMI BEACH FL 33139

Name
Street Address (P.O. Box Number is Not Acceptable)
1430 W. 21 ST.
City MIAMI BEACH FL Zip Code 33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOP GREENBLATT, HAROLD 22 N HIBISCUS DR MIAMI FL 33139	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOP HAROLD GREENBLATT 1430 W. 21 ST. MIAMI BEACH, FL 33140	<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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/16/03 (305 7105657)
Daytime Phone #

CR2E034 (4/03)

Attachment

10/10257

HP010000051970

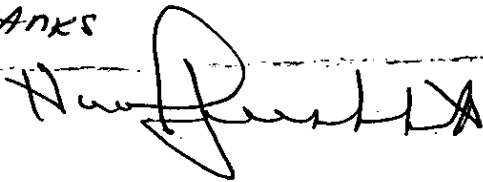
FROM H. G. CONSULTING
HAROLD GREENBLATT
1430 W. 21 ST
M. B. FL. 33140

7/16/03

I DID NOT RECEIVE THE FIRST UBR
FILLING REPORT. ADDRESS CHANGE FROM
22 N. HIBISCUS DR. M. B. FL. 33139 TO
1430 W. 21 ST M. B. FL. 33140.

I AM SENDING THE ORIGINAL \$150.00 AS
REQUESTED ON YOUR RECORDED INFORMATION,
SAYING THAT I DID NOT RECEIVE FIRST REQUEST.

THANKS

 PRES.