

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000078599

FILED
Apr 29, 2003
Secretary of State

Entity Name: BROADVIEW CONSULTING GROUP, INC.

Current Principal Place of Business:

16300 N.W. 20TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16300 N.W. 20TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 80-0052952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASSALLO-PEREZ, MARITZA
16300 N.W. 20TH STREET
PEMBROKE PINES, FL FLORIDA

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, SERGIO JR.
Address: 16300 N.W. 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V () Delete
Name: VASSALLO-PEREZ, MARITZA
Address: 16300 N.W. 20TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA VASSALLO-PEREZ

V

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date