2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

STE 4-500

7040 W. PALMETTO PARK ROAD

BOCA RATON FL 33433

P95000005773 **DOCUMENT #**

1. Entity Name

STE 4-500

Principal Place of Business

BOCA RATON FL 33433 -

7040 W. PALMETTO PARK ROAD

BROOKVILLE CONSULTING CORP.



FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90246 039 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired 58.75 Addition For Required Seath 1. Not IA. Seath Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent For Required Seath Name 151 ST Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptabl	2. Principal f	Place of Business	3. Mailing Address			1		
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALVER, PAUL 5881 NW 151 ST STE 101 MIAMI LAKES FL 33014 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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if subplicable. (**CTE: Registered Agent agreeting agent and state in subplicable. (**CTE: Registered Agent agreeting agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if subplicable. (**CTE: Registered Agent agreeting registered Agent agree	City & State		City & State		4. FEI Number 65-0550701	hh-(hh) / 1		
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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 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 certified on this report or supplemental eport 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 direction of the companion		ortific that the information of	la Alica Bitana di					

rice 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 a

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (