

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042152

1. Entity Name

FLORIDA CONSULTATION GROUP, INC.

Principal Place of Business

P.O. BOX 1486
POMPANO BEACH FL 33061

Mailing Address

P.O. BOX 1486
POMPANO BEACH FL 33061

2. Principal Place of Business

P.O. Box 8878

Suite, Apt. #, etc.

#

3. Mailing Address

P.O. Box 8878

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33075

Country

Zip

33075

Country

4. FEI Number

65-0738684

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

BARRY A. EISENSON, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

4953 COCONUT CREEK PKWY

City COCONUT CREEK

FL

Zip Code 33063

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

BARRY A. EISENSON R/A

(NOTE: Registered Agent signature required when reinstating)

DATE

Barry A. Eisenson

4/27/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DIFRONZO, VITO
STREET ADDRESS PO BOX 1486
CITY-ST-ZIP POMPANO BEACH FL 33061

☐ Delete

TITLE
NAME
STREET ADDRESS P.O. Box 8878
CITY-ST-ZIP CORAL SPRINGS, FL 33075

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Vito Difronzo

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90170 011 ***150.00

00046130



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)