

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90056 022 \*\*\*150.00

**DOCUMENT # P96000087207**



1. Entity Name  
**GREENBERG TRAUIG CONSULTING, INC.**

Principal Place of Business <b>1221 BRICKELL AVENUE ATTN: DIR. OF FINANCE MIAMI FL 33131</b>	Mailing Address <b>1221 BRICKELL AVENUE ATTN: DIR. OF FINANCE MIAMI FL 33131</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State
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4. FEI Number <b>65-0742126</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GARRETT, RICHARD  
1221 BRICKELL AVENUE  
SUITE 2100  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	
TITLE <b>PS</b>	<input type="checkbox"/> Delete
NAME <b>ROSENBAUM, RICHARD</b>	
STREET ADDRESS <b>1221 BRICKELL AVENUE, STE 2100</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE <b>AT</b>	<input type="checkbox"/> Delete
NAME <b>HIRSCH, DAVID</b>	
STREET ADDRESS <b>1221 BRICKELL AVENUE, STE 2100</b>	
CITY-ST-ZIP <b>MIAMI FL 33131</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Cesar L. Alvarez</b>	
STREET ADDRESS <b>1221 Brickell Avenue, Suite 2100</b>	
CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE <b>Vice President &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Richard Rosenbaum</b>	
STREET ADDRESS <b>1221 Brickell Avenue, Suite 2100</b>	
CITY-ST-ZIP <b>Miami, FL 33131</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *David Hirsch* **4/28/2003** **305-789-5499**  
By: **David Hirsch, Assistant Treasurer** Date Daytime Phone #

CR2E034 (10/02)