

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90110 001 ***150.00

CR27956 AV

DOCUMENT # **532365**

1. Entity Name
ACCOUNTING AND BUSINESS CONSULTANTS, INC.



Principal Place of Business
**17 ROSE DRIVE
FT LAUDERDALE FL 33316
US**

Mailing Address
**17 ROSE DRIVE
FT LAUDERDALE FL 33316
US**

2. Principal Place of Business

616 Fourth Key Drive
Suite, Apt. #, etc.

3. Mailing Address

616 Fourth Key Drive
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number **59-1755318**

Applied For

Not Applicable

Zip
33304

Country
USA

Zip
33304

Country
USA

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

6. Name and Address of Current Registered Agent

**FEINERMAN, STANLEY S
17 ROSE DRIVE
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **Stanley S. Feinerman**

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

616 Fourth Key Drive

City **Ft. Lauderdale**

FL

Zip Code **33304**

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 *Stanley S. Feinerman*
Signature, typed or printed name of registered agent and title if applicable.

Stanley S. Feinerman, Pres 1/27/03
(NOTE: Registered Agent signature required when reinstating) DATE

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 **PD** ☐ Delete
NAME **FEINERMAN, STANLEY**
STREET ADDRESS **616 FOURTH KEY DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **SD** ☐ Delete
NAME **FEINERMAN, GLORETTE**
STREET ADDRESS **616 FOURTH KEY DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Stanley S. Feinerman* **Stanley S. Feinerman 1/27/03 964 467-7754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)