

2000 UNIFORM BUSINESS REPORT (UBR)

0004650

DOCUMENT # F96000002063

1. Entity Name

TAMS CONSULTANTS, INC.

FILED

00 MAY 18 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

655 3RD AVE
NEW YORK NY 10017

655 3RD AVE
NEW YORK NY 10017-5617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-1800952

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

GAFFNEY, JOHN
3640 YACHT CLUB DR
AVENTURA FL 33180

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
TALLAHASSEE
City TALLAHASSEE FL Zip Code 32301

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

Signature typed or printed name of registered agent and is not applicable.

(NOTE: Registered Agent signature required when appointing)

DATE

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, 2000 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 D ☐ Delete
NAME HEINZENKNECHT, G B
STREET ADDRESS 655 THIRD AVE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition
NAME 200003267242--8
STREET ADDRESS -05/25/00--01097--005
CITY-ST-ZIP ****550.00 ****550.00

TITLE D ☐ Delete
NAME BARAGONA, FRANK A
STREET ADDRESS 300 BROADACRES DRIVE
CITY-ST-ZIP BLOOMFIELD NJ 07003

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

TITLE DS ☒ Delete
NAME REGAN, EDWARD C
STREET ADDRESS 655 3RD AVE
CITY-ST-ZIP NEW YORK NY 10017

TITLE DS ☐ Change ☒ Addition
NAME FITENI JR, JOSEPH J.
STREET ADDRESS 655 3RD AVE
CITY-ST-ZIP NEW YORK, NY 10017

TITLE D ☐ Delete
NAME AXELROD, RONALD H
STREET ADDRESS 38 CHAUNCY ST
CITY-ST-ZIP BOSTON MA

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

TITLE DCPT ☐ Delete
NAME DOLCIMASCOLO, ANTHONY R
STREET ADDRESS 655 3RD AVE
CITY-ST-ZIP NEW YORK NY

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

TITLE D ☐ Delete
NAME COLE, ERIC
STREET ADDRESS 655 3RD AVE
CITY-ST-ZIP NEW YORK NY 10017

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/00 212-867-1777

SP

CR21 7-4 (9/99)