

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-08-2000 90010 027 ***150.00

DOCUMENT # H76476

1. Entity Name

CONSULT COMMUNICATION CONSULTING COMPANY

Principal Place of Business

7071 N.W. 49TH PLACE
LAUDERHILL FL 33319

Mailing Address

7071 N.W. 49TH PLACE
LAUDERHILL FL 33319-3439

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 **59-2595246**

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

COTTRILL, ALICIA
7071 N.W. 49TH PLACE
LAUDERHILL FL 33319

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
COTTRILL, ALICIA
7071 NW 49 PLACE
LAUDERHILL, FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
COTTRILL, ALICIA
7071 NW 49 PL
LAUDERHILL FL

☐ Delete

TITLE
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☐ 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)(l), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/27/00 954 748 8255

CR2004 19/01