

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25189

1. Entity Name  
N & W CONSULTING CORP.

Principal Place of Business  
192 LEXINGTON AVENUE  
15TH FLOOR  
NEW YORK NY 10016

Mailing Address  
192 LEXINGTON AVENUE  
15TH FLOOR  
NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2720407

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KLEIN, JEFFREY G.  
23123 STATE ROAD 7  
SUITE 330-B  
BOCA RATON FL 33428

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	WEINGER, JEROLD	
STREET ADDRESS	192 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KLEIN, JEFFREY G	
STREET ADDRESS	23123 STATE ROAD 7	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

(212) 679-3360

Daytime Phone #

FILED  
Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90001 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)