

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17681

1. Entity Name

ANDERSEN CONSULTING GROUP, INC.

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90086 022 ***150.00

Principal Place of Business

555 NE 34TH ST
SUITE 1802
MIAMI FL 33137
US

Mailing Address

555 NE 34TH ST
SUITE 1802
MIAMI FL 33137-4057
US

2. Principal Place of Business

5900 MAGGIORE STR.
Suite, Apt. #, etc.

3. Mailing Address

5900 MAGGIORE STR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-0036548

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSEN, ALAN B
555 NE 34TH STREET
SUITE 1802
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
ANDERSEN, ALAN B.
Street Address (P.O. Box Number is Not Acceptable)
5900 MAGGIORE STREET
City
CORAL GABLES FL Zip Code
33137

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSEN, ALAN B. 555 NE 34TH ST., #1802 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSEN, ALAN B. 5900 MAGGIORE STR. CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ALAN ANDERSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305-951-7813

Daytime Phone #