

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

0015619

DOCUMENT # L00000006265

1. Entity Name

VC CONSULTING LLC

03-18-2002 90087 049 ****50.00

Principal Place of Business

% MICHAEL A. CECERE, CPA, PA
 2200 NORTH FEDERAL HIGHWAY, SUITE #214
 BOCA RATON FL 33431

Mailing Address

% MICHAEL A. CECERE, CPA, PA
 2200 NORTH FEDERAL HIGHWAY, SUITE #214
 BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

65-1029374

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CECERE, MICHAEL CPA
2200 N. FEDERAL HWY, SUITE 214
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
GAMBOLATI, MARY
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
CECERE, MICHAEL A
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
BROERMANN, HEINZ-JURGEN
2200 NORTH FEDERAL HIGHWAY, SUITE #214
BOCA RATON FL 33431

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Cecere, Vice Operating Manager

3-4-02

561-368-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)