

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90039 009 ****50.00

DOCUMENT # L01000004083

1. Entity Name

LCZ CONSULTING GROUP, LLC

Principal Place of Business

**350 EAST LAS OLAS BLVD., SUITE 1250
 FORT LAUDERDALE FL 33301**

Mailing Address

**350 EAST LAS OLAS BLVD., SUITE 1250
 FORT LAUDERDALE FL 33301**

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

65-1158670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
 236 E. 6TH AVE.
 TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
Litow, Laurence S.
350 E Las Olas Blvd., # 1250
Ft. Lauderdale, FL 33301

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
Cutler, Steven W
350 E Las Olas Blvd., # 1250
Ft. Lauderdale, FL 33301

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
Zabludowski, Daniel A
350 E Las Olas Blvd., #1250
Ft. Lauderdale, FL 33301

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10. ADDITIONS/CHANGES

TITLE
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☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

Daniel Zabludowski, MANAGING MEMBER, 3-07-02

352-522-4900

CR2E083 (9/01)