

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90236 003 \*\*\*\*50.00

DOCUMENT # L01000001047

1. Entity Name

Consultico, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9160 Rutledge Avenue

Suite, Apt. #, etc.

3. Mailing Address

c/o Mark F. Ingber, CPA

Suite, Apt. #, etc.

3071 Northwest 107 Avenue

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Coral Springs, FL

4. FEI Number

65-1123482

Applied For

Not Applicable

Zip

Country

33434-5909

US

Zip

Country

33065-3626

US

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Barney Beznik

Street Address (P.O. Box Number is Not Acceptable)

9160 Rutledge Avenue

City

Boca Raton

FL

Zip Code

33434-5909

**DO NOT WRITE  
IN THIS SPACE**

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.

Barney P. Beznik

4/14/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D/P/S  
Barney Beznik  
9160 Rutledge Avenue  
Boca Raton, FL 33434-5909

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D/T  
Julie Beznik  
9160 Rutledge Avenue  
Boca Raton, FL 33434-5909

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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

Barney P. Beznik

4/14/02  
Date

954-232-5454  
Daytime Phone #

CR2E083B (12/01)