

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90116 035 ***150.00

DOCUMENT # L94441

1. Entity Name

CORPORATE CONSULTING SERVICES, INC.



Principal Place of Business

**555 SO. FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432
US**

Mailing Address

**555 SO. FEDERAL HIGHWAY
SUITE 330
BOCA RATON FL 33432
US**

2. Principal Place of Business

4700 NW Boca Raton Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

4700 NW Boca Raton Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

Boca Raton, FL

Zip

33431

Country

USA



☐ CHECK HERE IF MAKING CHANGES.

4. FEI Number

65-0283726

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAIMOWITZ, HAROLD

555 SO. FEDERAL HIGHWAY

SUITE 330

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Harold B. Haimowitz

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

4700 NW Boca Raton Blvd., Ste. 201

City

Boca Raton

FL

Zip Code

33431

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HAIMOWITZ, HAROLD	
STREET ADDRESS	401 N.E. MIZNER BLVD., APT. PH-804	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/03 (561) 988-0823

CR2E034 (10/02)