

2000 UNIFORM BUSINESS REPORT (UBR)

0006164 A/F

DOCUMENT # L97000000573

1. Entity Name

THE CONSULTING ALLIANCE GROUP, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

104 PACER CIRCLE
WELLINGTON FL 33414

Mailing Address

104 PACER CIRCLE
WELLINGTON FL 33414-4051

2. Principal Place of Business

319 CLEMATIS ST.

3. Mailing Address

P.O. Box 210364

Suite, Apt. #, etc.

SUITE 513

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

Zip

33401

Country

USA

Zip

33421-0364

Country

USA

4. FEI Number

65-0752212

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TERMINI, MICHAEL JOSEPH
104 PACER CIRCLE
WELLINGTON FL 33414

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

MICHAEL J. TERMINI, PRESIDENT & CEO

03/01/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
TERMINI, MICHAEL JOSEPH
104 PACER CIRCLE
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
TERMINI, SUSAN LOUISE
104 PACER CIRCLE
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
500003198165--2
-04/06/00-01054-002
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

MICHAEL J. TERMINI

03/01/00 561-658-9777

Date

Daytime Phone #

CR2E083 (9/99)