

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

0033522

**DOCUMENT # L97000000573**

1. Entity Name

**THE CONSULTING ALLIANCE GROUP, LLC**

02-05-2002 90072 023 \*\*\*\*\*50.00

Principal Place of Business

**319 CLEMATIS ST  
SUITE 109  
WEST PALM BEACH FL 33401**

Mailing Address

**P.O. BOX 210364  
ROYAL PALM BEACH FL 33421-0364**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**104 Pacer Circle****Wellington, FL****33414****Palm Beach**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0752212**

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

**TERMINI, MICHAEL JOSEPH  
104 PACER CIRCLE  
WELLINGTON FL 33414**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>MGRM</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>TERMINI, MICHAEL JOSEPH</b>	<b>104 PACER CIRCLE</b>					
		<b>WELLINGTON FL 33414</b>					
	<b>MGRM</b>		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>TERMINI, SUSAN LOUISE</b>	<b>104 PACER CIRCLE</b>					
		<b>WELLINGTON FL 33414</b>					
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**02/01/02 561-659-9777**

CR2E083 (9/01)