

2000 UNIFORM BUSINESS REPORT (UBR)

0002504 AF

DOCUMENT # L98000001031

1. Entity Name
WINGS CONSULTING GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 AM 10:35



DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

Mailing Address
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131-2158

2. Principal Place of Business
1234 S. Dixie Hwy

3. Mailing Address
1234 S. Dixie Hwy

Suite, Apt. #, etc.
PMB #156

Suite, Apt. #, etc.
PMB #156

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33146-2902

Country
USA

4. FEI Number
650856608

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BISCHOFF, RICHARD J ESQUIRE
BISCHOFF & ASSOCIATES, P.A.
100 S.E. SECOND STREET, 28TH FLOOR
MIAMI FL 33131

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 *Richard Bischoff* (NOTE: Registered Agent signature required when reinstating) DATE *Jan 25 2000*

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

9. MANAGING MEMBERS/MEMBERS			
TITLE	MGR	<input type="checkbox"/> Delete	
NAME	BISCHOFF, CONNIE		
STREET ADDRESS	6500 RIVIERA DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
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			

10. ADDITIONS/CHANGES			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	200003189122--7		
STREET ADDRESS	-03/30/00--01003--023		
CITY-ST-ZIP	*****50.00 *****50.00		
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			

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: *CONNIE BISCHOFF* REQUIRED 1/24/00 (305) 6672412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)