

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 17, 2001 8:00 am
Secretary of State

04-23-2001 90016 003 ***150.00

DOCUMENT # M19975

1. Entity Name

GENERAL MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

% PAUL LANSAT
 5200 N OCEAN DR. #188
 SINGER ISLAND FL 33404

% PAUL LANSAT
 5200 N OCEAN DR. #188
 SINGER ISLAND FL 33404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2746982**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANSAT PAUL
 C/O COOKE, BRIAN J ESO
 515 FLAGLER DR STE 600
 W PALM BCH FL 33401

Name **RENEE LANSAT**

Street Address (P.O. Box Number is Not Acceptable)
5200 N. OCEAN DR. 188

City **SINGER ISLAND FL** Zip Code **33404**

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 **RENEE LANSAT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/9/2001**

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVD	<input type="checkbox"/> Delete
NAME	LANSAT, PAUL	
STREET ADDRESS	5200 N. OCEAN DR. #188	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LANSAT, RENEE	
STREET ADDRESS	5200 N OCEAN DR 188	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01 561-848-5088

Date

Daytime Phone #

CR2E034 (10/00)