

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 014 ***150.00

DOCUMENT # **P00000005992**
1. Entity Name
Consult Corp ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 OCEAN LANE DRIVE Suite, Apt. #, etc. SUITE 3010 City & State KEY BISCAIYNE, FL Zip 33149 Country USA		3. Mailing Address 101 OCEAN LANE DRIVE Suite, Apt. #, etc. SUITE 3010 City & State KEY BISCAIYNE, FL Zip 33149 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0017425** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: **PAMELA REINHART**
Street Address (P.O. Box Number is Not Acceptable)
101 OCEAN LANE DRIVE
SUITE 3010
City **KEY BISCAIYNE, FL** Zip Code **33149**

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

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

January 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$6125
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P REINHART, PAMELA 101 OCEAN LANE DRIVE, SUITE 3010 KEY BISCAIYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **PAMELA REINHART** **PAMELA REINHART** **4-9-02** **305 613-4679**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)