

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90057 037 ***150.00

DOCUMENT # P00000030654

1. Entity Name

SUTTON PLACE CONSULTING, INC.

Principal Place of Business

6574 NORTH STATE ROAD 7 #126
COCONUT CREEK FL 33073

Mailing Address

6574 NORTH STATE ROAD 7 #126
COCONUT CREEK FL 33073

2. Principal Place of Business

3115 W. HILLSBORO BLVD

3. Mailing Address

Suite, Apt. #, etc.

Deerfield, Be FLA

Suite, Apt. #, etc.

Suite 207

City & State

City & State

33442

Country

Zip

Country

4. FEI Number
65-0993250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ANTHONY G JR
6574 NORTH STATE ROAD 7 #126
COCONUT CREEK FL 33073

7. Name and Address of New Registered Agent

Name **LARRY MOSKOWITZ**
Street Address (P.O. Box Number is Not Acceptable)
3111 STIRLING ROAD Suite C-303

City **FLAuder dale** FL Zip **33312**

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 **Larry Moskowitz** **MA** **4/02/01**
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) ☐

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

TITLE ☐ Delete
NAME **D MOSKOWITZ, NEAL**
STREET ADDRESS **6574 NORTH STATE ROAD 7 #126**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **Neal Moskowitz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)