

# 2002 UNIFORM BUSINESS REPORT (UBR)

0038272 AV

**DOCUMENT #** P00000030654

**1. Entity Name**  
SUTTON PLACE CONSULTING, INC.

FILED  
02 DEC 11 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
3175 W. HILLSBORO BLVD.  
SUITE 207  
DEERFIELD BEACH FL 33442

**Mailing Address**  
6574 NORTH STATE ROAD 7 #126  
COCONUT CREEK FL 33073



**2. Principal Place of Business**  
6720 NW 75 PLACE  
Suite, Apt. #, etc.  
PARKLAND

**3. Mailing Address**  
6720 NW 75 PLACE  
Suite, Apt. #, etc.  
PARKLAND

DO NOT WRITE IN THIS SPACE

**City & State** FLA **City & State** PARKLAND

**Zip** 33067 **Country** US **City & State** FLA **Country** 33067

**4. FEI Number** 65-0993250 **Applied For** Not Applicable

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

**6. Name and Address of Current Registered Agent**  
MOSKOWITZ, LARRY  
3111 STIRLING ROAD SUITE C-303  
FORT LAUDERDALE FL 33312

**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. I am familiar with, and accept the obligations of registered agent.**

**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)** ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D MOSKOWITZ, NEAL 6574 NORTH STATE ROAD 7 #126 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.**

**SIGNATURE:** *[Signature]* **President** 11-20-02 **610-9663**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (4/02)

**Sutton Pace Consulting, Inc.**  
**6720 NW 75 Place**  
**Parkland, Fl. 33067**

**12/10/02**

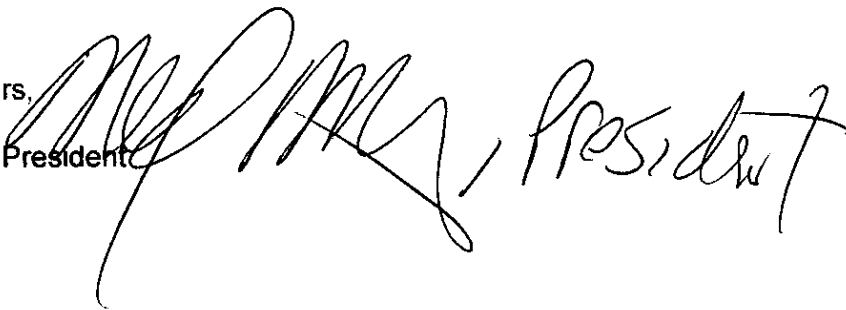
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Sean Toner

Please be advised that this letter is to inform you, that we did not receive this form, until after September 25, 2002. We have sent in the form, with the correct changes. If there any questions concerning this matter, please feel free to call.  
954-610-9663

Respectfully Yours,

Neal Moskowitz, President

A handwritten signature in black ink, appearing to read "Neal Moskowitz, President". The signature is written in a cursive, flowing style with large, sweeping loops.