2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000055345 1. Entity Name WASSERMAN CONSULTING, INC.				FILED Jun 29, 2001 8:00 am Secretary of State 06-29-2001 90003 031 ***550.00			
Principal Place of Business 7210 RED ROAD SUITE #201 SOUTH MIAM! FL 33143	Mailing Address 7210 RED ROAD SUITE #201 SOUTH MIAMI FL 33143			A 0075319			
2. Principal Place of Business 1720 S.W. 124th Terr. Suite, Apt. #, etc.	5.W. 124th Terr. 7720 S.W. 124th Terr			DO NOT WRITE IN THIS SPACE			
Clity & State Tipe Country Country	Zip	Florida	* ***	1. FEI Number (05-1014354		oplied For ot Applicable	
33156 USA 6. Name and Address of Current	Registered Agent	USA		5. Certificate of Status Desired 7. Name and Address of New Registe	Èee Require		
WASSERMAN, SCOTT A	Name						
ONE'S.E. 3RD AVENUE, 27TH FLOOR MIAMI FL 33131		Street A	Street Address (P.O. Box Number is Not Acceptable)				
, i			City FL Zip Code				
8. The above named entity submits this statement for	or the purpose of changing its	registered office o	or registered				
SIGNATURE	and title if applicable. (NOTE	: Registered Agent signa	ture required whe	on reinstating) Du	ATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2001 Make Check Payable			550.00	10. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11. OFFICERS AND	DIRECTORS	12.	/	ADDITIONS/CHANGES TO OFFICERS			
NAME WASSERMAN, ELIZABETH STREET ADDRESS CITY-ST-ZIP D WASSERMAN, ELIZABETH 7210 RED ROAD, #201 SOUTH MIAMI FL 33143	WASSERMAN, ELIZABETH 7210 RED ROAD, #201		President Pines	leut rnan, Elizabeth) S.W. 124th Terr. 1854 FL 33154	C Change	CR2E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
ITLE Delete AME TREET ADDRESS ITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• ** * * * * * * * * * * * * * * * * *	. se '	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, we SIGNATURE: SIGNATURE AND TYPED OR P.	true and accurate and that my wered to execute this report a	y signature shall h is required by Cha Zabyłk M	ave the same	e legal effect so if made under oath: the	at Lam on afficar	or director	