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FILED
Jul 12, 2001 8:00 am
Secretary of State
05-18-2001 91264 001 ***450.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000791 6.77

1. Entity Name

CONSOLIDATED INVESTMENT CORPORATION (LA)

76179

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address

2255 Glades Road, Suite 411-E
Boca Raton, Florida 33431

2. Principal Place of Business	3. Mailing Address
2255 Glades Road	2255 Glades Road
Suite, Apt. #, etc.: Suite 411-E	Suite, Apt. #, etc.: Suite 411-E
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 County: Palm Beach	Zip: 33431 County: Palm Beach

4. FEI Number: 65-1055197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dean Panton
420 Lincoln Rd., #240
Miami, FL 33139

7. Name and Address of New Registered Agent

Name: William S. Kramer, Esquire
Street Address (P.O. Box Number is Not Acceptable): Abrams Anton, P.A.
2255 Glades Road, Ste. 411-E
City: Boca Raton FL Zip Code: 33431

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 ____ William S. Kramer 4/24/01
Signature, name and title 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) ☐

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	PSD Panton, Dean A. 2255 Glades Road, Suite 411-E Boca Raton, Florida 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Evguerni Sailiquine 3469 NE 169 st North Miami Beach, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: ____

SENT BY:LAW OFFICES ; 4-19-1 ; 14:42 ;ABRAMS & ANTON, P.A.→ 17864255113;# 3/ 4