

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90040 006 ***150.00

DOCUMENT # P00000103090

1. Entity Name

IN-SYNC CONSULTING GROUP, INC.

Principal Place of Business

**7000 WEST PALMETTO PARK ROAD SUITE 200
 BOCA RATON FL 33433**

Mailing Address

**700 S FEDERAL HWY
 SUITE 200-SZG
 BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARELLEK, STEVEN

**700 S FEDERAL HWY SUITE 200
 BOCA RATON FL 33432**

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.

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
 NAME **WINKLES, JANET**
 STREET ADDRESS **50 SOUDAN AVE SUITE 500**
 CITY-ST-ZIP **TORONTO, ONTARIO, CANADA M4S1N6**

TITLE ☒ Change ☐ Addition
 NAME **WINKLER JANET**
 STREET ADDRESS **50 SOUDAN AVE Suite 500**
 CITY-ST-ZIP **TORONTO ONTARIO CANADA M4S1N6**

TITLE **COB** ☐ Delete
 NAME **FINDLAY, ALISON**
 STREET ADDRESS **50 SOUDAN AVE STE 520**
 CITY-ST-ZIP **TORONTO ONTARIO CANADA M4S1N6**

TITLE ☒ Change ☐ Addition
 NAME **FINDLAY ALISON**
 STREET ADDRESS **50 SOUDAN AVE STE 520**
 CITY-ST-ZIP **TORONTO ONTARIO CANADA M4S1N6**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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: **X**

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2002

Date

Daytime Phone #

CR2E034 (9/01)