

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000107973**

1. Entity Name

Huskies Consulting

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6720 SW 7th Pl

Suite, Apt. #, etc.

3. Mailing Address

6720 SW 7th Pl

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

Zip

33068

Country

BROWARD

Zip

33068

Country

BROWARD

2002 AMENDED

4. FEI Number

65-1071884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Cynthia Uling

Street Address (P.O. Box Number is Not Acceptable)

6720 SW 7th Pl

City

North Lauderdale

FL

Zip Code

33068

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**
NAME **Cynthia Uling**
STREET ADDRESS **6720 SW 7th Pl**
CITY-ST-ZIP **North Lauderdale FL 33068**

TITLE **Vice President**
NAME **Catherine Dubois**
STREET ADDRESS **6720 SW 7th Pl**
CITY-ST-ZIP **North Lauderdale FL 33068**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia Uling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02

Date

(954) 919-5638

Daytime Phone #

CR2E034B (12/01)