

2002 UNIFORM BUSINESS REPORT (UBR)

02/27/96 AV

DOCUMENT # P01000036961

1. Entity Name
GILBERT WACHSMAN CONSULTING INC.

APPROVED
AND
FILED

02 Jun 20 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6410 NORTH BAY ROAD
MIAMI BEACH FL 33141

Mailing Address
6410 NORTH BAY ROAD
MIAMI BEACH FL 33141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1092242

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WACHSMAN, GILBERT
6410 NORTH BAY ROAD
MIAMI BEACH FL 33141

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 ☒ Delete
NAME D
STREET ADDRESS WACHSMAN, EVELYN
CITY-ST-ZIP 5016 OAK BEND LANE
EDINA MN 55436

TITLE ☐ Change ☐ Addition
NAME 200006204332-6
STREET ADDRESS -07/03/02--01054--020
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME D
STREET ADDRESS WACHSMAN, GILBERT
CITY-ST-ZIP 6410 NORTH BAY ROAD
MIAMI BEACH FL 33141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

cell
912-759-8888

CR2E034 (9/01)

GILBERT WACHSMAN CONSULTING INC.

6410 North Bay Road
Miami Beach, Florida 33141

Attachment

. P010000036961

June 10, 2002

Division of Corporations
Florida Department of State
P. O. Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

After moving to Florida early last year I set up the above corporation in the hopes of doing some consulting work. Although I now live in Florida for most of the year, I have been traveling since late April and was unaware of the requirement to file until the 2002 Business Report was forwarded to me about a week ago. Upon calling your department's telephone information number and enquiring about how to be forgiven the \$400 late penalty, I was advised to send in the report and a check for \$150 and send in this letter of explanation.

Your consideration in helping me avoid this penalty would be greatly appreciated. I will certainly take care to meet any filing requirements in the future.

Sincerely,



Gil Wachsmann