5/1/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

1. Entity Nan	MENT # P0100 SULTING CORPORATION Dee of Business	0051970 Mailing Address					tary of 2 91 533 038 *	
22 N HIBISCUS DRIVE 22 N HIBISCUS DRIVE					ĺ			
MRAMI BEACH	i FL 33139	MIAMI BEACH FL 33139					er produce in the same	
2. Principal F	Place of Business	3. Mailing Address						ran E
		Company of the state of the sta						
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stal	te .	City & State			4. FEI Numb	er /// 43	, , 	pplied For ot Applicable
Zip Country		Zip	Country	У	5. Certificate	of Status Desired	\$8.75 Ad	
	6. Name and Address of Current	gistered Agent			7. Name and Address of New Registered Agent			
	ATT (1800) 0	<u></u>		Name				
GREENBLATT, HAROLD 22 N HIBISCUS DRIVE				Street Addres	s (P.O. Box Numb	er is Not Acceptable)	. •	
MIAMI BEACH FL 33139								
				City			FL Zip Coo	ie ei
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.								
2-1-1								
SIGNATU NE :	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered A	Obey Spurgifice Ledit	rired when reinstating)		DATE 2/3	700
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!	! FEE 19	\$150.00	10.5%			-
_	requirement and elects to do so.	After May 1, 200 Make Check Payabl) _{Tra}	ection Campaign Financi st Fund Contribution.	+	May Be to Fees
11.	OFFICERS AND I		12.			CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11
TITLE	Harold (noonh at Delete D.O		TITLE				☐ Change	
NAME Street address	22 N. HIBISC	US DR PRES	NAME	ADORESS				Z 2
· CITY-ST-ZIP	MIAMI BEACH.	TIAMI BEACH, FC 33/39		T - ZTP				LOSTEGGA (9/01)
TITLE	☐ Deleie		TITLE				Change	Addition 5
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP			CITY-S					
TITLE	Delete		TITLE				☐ Change	Addition
STREET ADDRESS	2- 3		STREET	ADDRESS	*************************************			
CITY-ST-ZIP			CITY-SI	r- ZiP	•			
TITLE NAMÉ		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS		•		ADDRESS .				
CITY-ST-ZIP		<u> </u>	CITY-ST	-ZIP			•	
TITLE		☐ Delete	TITLE	İ			☐ Change	☐ Addition }
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP			City-Si					,
TITLE		☐ Delete	TILE				Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>	·	CITY-ST					
13. I hereby o	certify that the information supplied with to	his filing does not qualify for t	he exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the in	formation

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 office or of inector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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:

CONSTURE AND TYPED OR NUMTED NAME OF SIGNING OFFICER OR DIRECTO

President

Daytima Phone # 070