

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90002 016 ***150.00

DOCUMENT # P01000071988

1. Entity Name
SCHIFFER CONSULTING SERVICES, INC.

Principal Place of Business
16300 NE 19 AVE SUITE 100
MIAMI FL 33162

Mailing Address
16300 NE 19 AVE SUITE 100
MIAMI FL 33162

2. Principal Place of Business
16300 NE 19 AVENUE

3. Mailing Address
16300 NE 19 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH FL

City & State
North Miami Beach FL

4. FEI Number
65-1122920

Applied For
 Not Applicable

Zip
33162

Country
USA

Zip
33162

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

SILVA, FERNANDO
16300 NE 19 AVE SUITE 100
NORTH MIAMI BEACH FL 33162

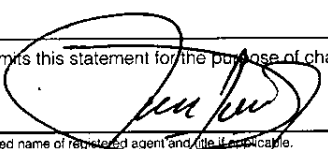
Name
Fernando Silva

Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVE

Suite C

City
North Miami Bch FL **Zip Code**
33162

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

3/4/02

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
PD ☐ Delete
NAME
SCHIFFER, JORGE F
STREET ADDRESS
16300 NE 19 AVE SUITE 100
CITY-ST-ZIP
MIAMI FL 33162

TITLE
PD ☒ Change ☐ Addition
NAME
Schiffer Jorge F.
STREET ADDRESS
16300 NE 19 AVE Suite C
CITY-ST-ZIP
North Miami Bch FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/02
 Date

Daytime Phone #

CR2E034 (9/01)