

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119853

1. Entity Name
MECHANIC CONSULTANTS, INC.



FILED

03 DEC 31 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1800 NORTH WEST CORPORATE BLVD. SUITE 300
SUITE 300
BOCA RATON FL 33431

Mailing Address
1800 NORTH WEST CORPORATE BLVD. SUITE 300
SUITE 300
BOCA RATON FL 33431

2. Principal Place of Business
17081 RYTON LANE
Suite, Apt. #, etc.

3. Mailing Address
17081 RYTON LANE
Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33496

Country
DADE

Zip
33496

Country
DADE

4. FEI Number 46-0465304

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

MECHANIC, IRVING
1800 NORTH WEST CORPORATE BLVD, SUITE 300
BOCA RATON FL 33431

Name KATZ IPPOLITI & CO PC
Street Address (P.O. Box Not Acceptable)
254 SOVINA ST
NEW CITY NY 10956
City NY Zip Code 10956

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRES	MECHANIC, IRVING	C/O KATZ IPPOLITI-254 S MAIN ST.	NEW CITY NY 10956	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)