

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0083894 AV

FILED

03 DEC 31 AM 10:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000119853**
1. Entity Name
MECHANIC CONSULTANTS, INC.



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

3. Mailing Address
17081 RYTON LANE

Suite, Apt. #, etc.

REINSTATE CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33496

Country
DADE

Zip
33496

Country
DADE

4. FEI Number **46-0465304**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MECHANIC, IRVING
1800 NORTH WEST CORPORATE BLVD, SUITE 300
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
Name **KATZ IPPOLITI & CO PC**
Street Address (P.O. Box Not Acceptable)
259 SOVINA ST
NEW CITY NY 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]* **MECHANIC** DATE **12/15/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100025186581 12/15/03--01013--003 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **MECHANIC** DATE **12/15/03** DAYTIME PHONE # **848-634 5309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)