

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90237 042 \*\*\*150.00

DOCUMENT # P02000085789

1. Entity Name

PENSARE Consulting, Incorporated



**DO NOT WRITE IN THIS SPACE**

10025258

2. Principal Place of Business

2807 FREDERICK BLVD

Suite, Apt. #, etc.

3. Mailing Address

2807 FREDERICK BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

71-0900469

Applied For

Not Applicable

Zip  
33483

Country

PALM BEACH

Zip

33483

Country

PALM BEACH

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

7. Name and Address of Current Registered Agent

Name

CATHERINE COLANGELO

Street Address (P.O. Box Number is Not Acceptable)

2807 FREDERICK BLVD

City

DELRAY BEACH

FL

Zip Code

33483

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

*Catherine Colangelo*

2-17-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	P JOSEPH COLANGELO 2807 FREDERICK BLVD DELRAY BEACH, FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

954-224-8700

Daytime Phone #

CR2E034B (12/02)