

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90019 025 ***150.00

DOCUMENT # P93000008837

1. Entity Name

IRWIN GINSBERG CONSULTING, INC.

Principal Place of Business

3650 INVERRARY DR.
#1P
LAUDERHILL FL 33319

Mailing Address

3650 INVERRARY DR.
#1P
LAUDERHILL FL 33319-5933

2. Principal Place of Business

3650 InvErrary Dr
Suite, Apt. #, etc.
1P

3. Mailing Address

SAME
Suite, Apt. #, etc.
Same

City & State

LAUDERHILL FL.

City & State

Same

4. FEI Number

65-0391218

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GINSBERG, IRWIN
3650 INVERRARY DR. #1-P
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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

Irwin Ginsberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
IRWIN GINSBERG,
3650 INVERRARY DR.
LAUDERHILL FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Irwin Ginsberg Irwin Ginsberg Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-486-3530

CR2E034 (9/99)