

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90028 037 ***150.00

0309171 AV

DOCUMENT # P93000056758

1. Entity Name

BUCKMAN CONSULTING ASSOCIATES, INC.

Principal Place of Business

3430 GALT OCEAN DRIVE
 STE 1704
 FORT LAUDERDALE FL 33308
 US

Mailing Address

3430 GALT OCEAN DR
 APT 1704
 FT. LAUDERDALE FL 33308
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0370699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BUCKMAN, ELCHA S
 3430 GALT OCEAN DR
 APT 1704
 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name Joel Buckman

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

3430 Galt Ocean Dr.APT 1704

City

Ft. Lauderdale

FL

Zip Code

33308

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

Joel Buckman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

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

TITLE **P** ☒ Delete
 NAME BUCKMAN, ELCHA S
 STREET ADDRESS 3430 GALT OCEAN DR STE 1704
 CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☒ Addition
 NAME Joel Buckman
 STREET ADDRESS 3430 GALT OCEAN DR. #1704
 CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE **Treasurer** ☒ Change ☒ Addition
 NAME Elcha Buckman
 STREET ADDRESS 3430 GALT OCEAN DR. #1704
 CITY-ST-ZIP Ft. Lauderdale, FL 33308

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

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

TITLE ☐ Change ☐ Addition
 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:

Joel Buckman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

Daytime Phone #

(866) 852 4141

CR2E034 (9/01)