

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074538

1. Entity Name

A & W CONSULTING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 004 ***150.00

Principal Place of Business

5344 MONTEREY CIRCLE, #88
 DELRAY BEACH FL 33484-8377

Mailing Address

5344 MONTEREY CIRCLE, #88
 DELRAY BEACH FL 33484-8377

NEW

NEW

2. Principal Place of Business

5637 Via VICENZA

Suite, Apt. #, etc.

3. Mailing Address

5637 Via VICENZA

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

DELRAY BEACH

Zip

33446

Country

USA

Zip

33446

Country

USA

4. FEI Number

65-0442296

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

WALD, E S

5344 MONTEREY CIRCLE

#88

DELRAY BEACH FL 33484

Name

WALD ES

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

6537 Via VICENZA

City

DELRAY BEACH

FL

Zip Code

33446

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME WALD, E S
 STREET ADDRESS 5344 MONTEREY CIRCLE, #88
 CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
 NAME Steven Wald
 STREET ADDRESS 6537 Via Vicenza
 CITY-ST-ZIP Delray Beach, FL 33446-3741

TITLE SC ☐ Delete
 NAME WALD, LINDA
 STREET ADDRESS 5344 MONTEREY CIRCLE, #88
 CITY-ST-ZIP DELRAY BEACH FL

TITLE ☒ Change ☐ Addition
 NAME Linda Wald
 STREET ADDRESS 6537 Via Vicenza
 CITY-ST-ZIP Delray Beach, FL 33446

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

561-496-2931

CR2E034 (9/99)