

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088112

1. Entity Name

SAGE CONSULTANTS, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90081 017 \*\*\*150.00

Principal Place of Business

1133 SOUTH UNIVERSITY DRIVE  
SUITE 201  
PLANTATION FL 33324  
US

Mailing Address

1133 SOUTH UNIVERSITY DRIVE  
SUITE 201  
PLANTATION FL 33324-3303  
US

2. Principal Place of Business

306 WINDMILL PALM AVE  
Suite, Apt. #, etc.

3. Mailing Address

306 WINDMILL PALM AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FLORIDA

City & State

PLANTATION FLORIDA

4. FEI Number

65-0540888

Applied For

Not Applicable

Zip

33324

Country

Zip

33324

Country

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

CANARICK, BERNARD D  
177 N PINE ISLAND RD  
SUITE 118  
PLANTATION FL 33322

Name

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

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 DP ☐ Delete  
NAME DALVA, MARLENE  
STREET ADDRESS 10240 NW 47TH ST  
CITY-ST-ZIP SUNRISE FL 33357

TITLE ☒ Change ☐ Addition  
NAME DALVA MARLENE  
STREET ADDRESS 306 WINDMILL PALM AVE  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE T ☐ Delete  
NAME DALVA, JOEL  
STREET ADDRESS 9700 NW 17TH ST.  
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ Change ☐ Addition  
NAME DALVA JOEL  
STREET ADDRESS 306 WINDMILL PALM AVE  
CITY-ST-ZIP PLANTATION, FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)