

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061730

1. Entity Name

GOODMAN, OLORTEGUI CONSULTING, INC.

**FILED**  
Jun 30, 2002 8:00 am  
Secretary of State

06-30-2002 90228 021 \*\*\*150.00

Principal Place of Business

958 TORREY PINE DRIVE  
WINTER SPRINGS FL 32708

Mailing Address

958 TORREY PINE DRIVE  
WINTER SPRINGS FL 32708

B0126180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10225 COLLINS AV.

Suite, Apt. #, etc.

1405

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

BAL Harbour, FL

City & State

4. FEI Number

59-3330348

Applied For

Not Applicable

Zip

33154

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, L.  
938 TORREY PINE DRIVE  
WINTER SPRINGS FL 32708

See correct address

7. Name and Address of New Registered Agent

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

L. J. Goodman

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

(NOTE: Registered Agent signature required when reinstating)

4/28/02

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
GOODMAN, L.  
870 BENTLEY GREEN CIRCLE  
WINTER SPRINGS FL 32708

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
GOODMAN, M.  
870 BENTLEY GREEN CIRCLE  
WINTER SPRINGS FL 32708

☐ 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

☐ Change ☐ Addition

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

L. J. Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

800-476-5615

Daytime Phone #

CR2E034 (9/01)