

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

DOCUMENT # **P95000061730**

1. Entity Name  
**GOODMAN, OLORTEGUI CONSULTING, INC.**

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

Principal Place of Business Mailing Address  
**958 TORREY PINE DRIVE 958 TORREY PINE DRIVE**  
**WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708**

**80126180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **10225 COLLINS AV.** 3. Mailing Address **SAME**  
 Suite, Apt. #, etc. **1405** Suite, Apt. #, etc.

City & State **Bal Harbour, FL** City & State  
 Zip **33154** Country **USA** Zip Country

4. FEI Number **59-3330348** Applied For  
 Not Applicable  
 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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

*See correct address*

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* (NOTE: Registered Agent signature required when reinstating) DATE **4/28/02**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, L.</b>	
STREET ADDRESS	<b>870 BENTLEY GREEN CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, M.</b>	
STREET ADDRESS	<b>870 BENTLEY GREEN CIRCLE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *L. Goodman* DATE: **4/28/02** DAYTIME PHONE #: **800-476-5615**

CR2E034 (9/01)