

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076593

1. Entity Name

CONSUMER FEEDBACK SERVICES, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90009 048 ***150.00

0372143 AV

Principal Place of Business
2200 W. GLADES ROAD
BOCA RATON FL 33431
US

Mailing Address
2200 W. GLADES ROAD
BOCA RATON FL 33431
US



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0616292** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FEIGENHEIMER, LESLEY
2200 W. GLADES ROAD
BOCA RATON FL 33431

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

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, 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 **PST** ☐ Delete
 NAME **FEIGENHEIMER, LESLEY**
 STREET ADDRESS **2200 W. GLADES ROAD**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **LESLEY CHANIN** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2000 W. GLADES RD.**
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Change ☐ Addition
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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:

Lesley Chanin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

Date

581-750-4200

Daytime Phone #

CR2E034 (9/01)