

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000079386

FILED
Mar 21, 2002 8:00 AM
Secretary of State

Entity Name: PHOENIX FINANCIAL CONSULTANT SERVICES, INC.

Current Principal Place of Business:

429 SEABREEZE BLVD., SUITE 213
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

429 SEABREEZE BLVD., SUITE 213
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-0532526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINCOLN, PATRICIA
429 SEABREEZE BLVD #213
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

SAEZ, JOVANNI
429 SEABREEZE BLVD #213
FORT LAUDERDALE, FL 33316 US

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: JOVANNI SAEZ

03/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOX, GARY LEE
Address: 1689 HIATUS ROAD, SUITE 192
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VD () Delete
Name: CORDERO, FRANK
Address: 1689 HIATUS ROAD, SUITE 192
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST () Delete
Name: LINCOLN, PATRICIA
Address: 1689 HIATUS RD, STE. 192
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAEZ, JOVANNI
Address: 429 SEABREEZE BLVD #213
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOVANNI SAEZ

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03/21/2002

Electronic Signature of Signing Officer or Director

Date