

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084299

1. Entity Name

CONSULTIS OF MIAMI, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90221 023 ***150.00

Principal Place of Business

4401 N FEDERAL HWY
SUITE 203
BOCA RATON FL 33431
US

Mailing Address

29 CAYUGA ROAD
SEA RANCH LAKES FL 33308-2928

2. Principal Place of Business

1615 S. Federal Hwy
Suite, Apt. #, etc.
Suite 300
City & State
Boca Raton FL
Zip 33432 Country USA

3. Mailing Address

1615 S. Federal Hwy
Suite, Apt. #, etc.
Suite 300
City & State
Boca Raton, FL
Zip 33432 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0622304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DETTMAN-FLEMING, BARBARA
4401 N FEDERAL HWY #202
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Barbara Detman Fleming
Street Address (P.O. Box Number is Not Acceptable)
1615 S. Federal Hwy Suite 300
City: Boca Raton FL Zip Code 33432

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DETTMAN, DOUGLAS R	
STREET ADDRESS	29 CAYUGA ROAD	
CITY-ST-ZIP	SEA RANCH LAKES FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUBIN, CAROLYN D	
STREET ADDRESS	520 ROOKWOOD PLACE	
CITY-ST-ZIP	CHARLOTTESVILLE VA 22901	
TITLE	P	<input type="checkbox"/> Delete
NAME	FLEMING, BARBARA D	
STREET ADDRESS	4401 N FEDERAL HWY #202	
CITY-ST-ZIP	BOCA RATON FL 33431	
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
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)