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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P95000084299 CONSULTIS OF MIAMI, INC. 01-29-2001 90008 040 ***150.00 Principal Place of Business Mailing Address 1615 S FEDERAL HWY 1615 S FEDERAL HWY SUITE 300 SUITE 300 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0622304 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DETTMAN-FLEMING, BARBARA Street Address (P.O. Box Number is Not Acceptable) 1615 S FEDERAL HWY SUITE 300 **BOCA RATON FL 33432** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DETTMAN, DOUGLAS R NAME NAME 29 CAYUGA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEA RANCH LAKES FL 33308 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUBIN, CAROLYN D NAME 520 ROOKWOOD PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTESVILLE VA 22901 CITY-ST-ZIP CONSULTIS, INC. Change TITLE TITLE □ Delete ☐ Addition NAME FLEMING, BARBARA D NAME 1615 S. FEDERAL HWY. STREET ADDRESS 4401 N FEDERAL HWY #202 STREET ADDRESS SUITE 300 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP BOCA RATON, FL. 33432 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT1 F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.