

2000 UNIFORM BUSINESS REPORT (UBR)

0039882

DOCUMENT # P95000088866

1. Entity Name

CONSULTANT SERVICES INTERNATIONAL, INC.

FILED

01 FEB 15 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

290 S.W. 28 AVE.
POMPANO BEACH FL 33062
US

Mailing Address

290 S.E. 28 AVE.
POMPANO BEACH FL 33316-2215
US

2. Principal Place of Business

1743 SE 13 Street

3. Mailing Address

1743 SE 13 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

4. FEI Number

65-0619369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIER, HOWARD
290 S.E. 19 AVE.
C/O BOOKMAN
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name Gregory Kostoff

Street Address (P.O. Box Number is Not Acceptable)

1743 SE 13 St

City

FT. LAUDERDALE

FL

Zip Code

33316

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

Howard Kleier
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-29-01

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	P	<input type="checkbox"/> Delete
NAME	KLEIER, HOWARD	
STREET ADDRESS	290 S.E. 28 AVE.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOSTOFF, GREGORY	
STREET ADDRESS	1743 SE 13 ST	
CITY-ST-ZIP	FT. LAUD. FL 33316	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD Kleier	
STREET ADDRESS	1743 SE 13 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	VP & ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY Kostoff	
STREET ADDRESS	1743 SE 13 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
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		

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***300.00 ***300.00

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 life empowered.

SIGNATURE:

Howard Kleier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date

Daytime Phone #

CR2E034 (9/99)