

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023057

1. Entity Name

TECHNICAL TRAINING CONSULTANTS, INC.

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90021 030 \*\*\*550.00

Principal Place of Business

321 N. UNIVERSITY DR  
 STE. 5  
 PLANTATION FL 33324

Mailing Address

321 N. UNIVERSITY DR  
 STE. 5  
 PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0661460

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALDWIN, GEORGE BROWN, DOUGLAS**  
 321 NORTH UNIVERSITY DR.  
 SUITE 5  
 PLANTATION FL 33324

Name

BROWN DOUGLAS L.

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

321 N UNIVERSITY DR S-5

CITY PLANTATION

FL

Zip Code

33324

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
 NAME FINKELSTEIN, GREGORY  
 STREET ADDRESS 20850 SAN SIMEON WAY., #602  
 CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE ☐ Change ☒ Addition  
 NAME Chief Financial Officer  
 STREET ADDRESS Douglas L. Brown  
 CITY-ST-ZIP 300 NW 82nd Ave Suite 404  
 Plantation, FL 33324

TITLE P ☐ Delete  
 NAME MILLER, ROBERT  
 STREET ADDRESS 318 INDIAN TRACE., #141  
 CITY-ST-ZIP WESTON FL 33326

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

TITLE T ☐ Delete  
 NAME LEBAR, NEAL  
 STREET ADDRESS 9825 SW 105TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33176

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

954-916 6021

Date Daytime Phone #