

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000030220****1. Entity Name**

GOTTFRIED CONSULTING GROUP, INC.

Principal Place of BusinessLINTON OFFICE TOWERS
100 LINTON BLVD. STE 408-B
DELRAY BEACH
33444 FL**Mailing Address**LINTON OFFICE TOWERS
100 LINTON BLVD. STE 408-B
DELRAY BEACH
33444 FL**2. Principal Place of Business**

7777 W GLADES ROAD

3. Mailing Address

2901 CLINT MOORE ROAD

Suite, Apt. #, etc.

SUITE 214

Suite, Apt. #, etc.

149

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0658696

Applied For

Not Applicable

Zip
33434**Country**Zip
33496**Country****5. Certificate of Status Desired****\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**GOTTFRIED JEFFREY
LINTON OFFICE TOWERS
100 LINTON BLVD. STE 408-B
DELRAY BEACH
33444 FL**7. Name and Address of New Registered Agent****Name**

GOTTFRIED JEFFREY

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

7777 W GLADES ROAD

SUITE 214City
BOCA RATON**FL**Zip Code
33434**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 JEFFREY GOTTFRIED****04/30/2000**

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	GOTTFRIED JEFFREY	
STREET ADDRESS	LINTON OFFICE TOWERS, 100 LINTON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

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	

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	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOTTFRIED JEFFREY		
STREET ADDRESS	7777 W GLADES ROAD SUITE 214		
CITY-ST-ZIP	BOCA RATON FL 33434		

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		

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 JEFFREY GOTTFRIED****D****04/30/2000**