

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90272 030 \*\*\*150.00

**DOCUMENT # P96000030220**

1. Entity Name

**GOTTFRIED CONSULTING GROUP, INC.**

Principal Place of Business

**2285 CORPORATE BLVD. NW**

**# 215**

**BOCA RATON FL 33431**

Mailing Address

**2901 CLINT MOORE ROAD**

**# 149**

**BOCA RATON FL 33496**

2. Principal Place of Business

**2295 CORPORATE BLVD. NW**

3. Mailing Address

**2295 CORPORATE BLVD. NW**

Suite, Apt. #, etc.

**#215**

Suite, Apt. #, etc.

**#215**

City & State

**BOCA RATON, FLORIDA**

City & State

**BOCA RATON, FLORIDA**

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0658696**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOTTFRIED, JEFFREY**

**2295 CORPORATE BLVD. NW**

**SUITE 215**

**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2002 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** ☐ Delete  
NAME: **GOTTFRIED, JEFFREY**  
STREET ADDRESS: **2295 CORPORATE BLVD. NW # 215**  
CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: **P** ☐ Delete  
NAME: **GOTTFRIED, JEFFREY**  
STREET ADDRESS: **2295 CORPORATE BLVD. NW # 215**  
CITY-ST-ZIP: **BOCA RATON FL 33431**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
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TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE: ☐ Change ☐ Addition  
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: **JEFFREY GOTTFRIED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-02**

Date

**561-241-5542**

Daytime Phone #

CR2E034 (9/01)