

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036207

1. Entity Name

FERRI TECHNOLOGICAL CONSULTANTS, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90064 040 ***150.00

Principal Place of Business

7553 TEXAS TRAIL
BOCA RATON FL 33487
US

Mailing Address

7553 TEXAS TRAIL
BOCA RATON FL 33487-1421
US

2. Principal Place of Business

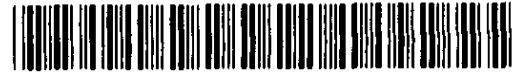
6530 Marbletree Lane

Suite, Apt. #, etc.

3. Mailing Address

6530 Marbletree Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth

City & State

Lake Worth

4. FEI Number

65-0670193

Applied For

Not Applicable

Zip

33467

Country

Palm Bch

Zip

33467

Country

Palm Bch

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERRI, ANTHONY J
7553 TEXAS TRAIL
BOCA RATON FL 33487

Address
change
only →

7. Name and Address of New Registered Agent

Name

Ferri, Anthony D Jr

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

6530 Marbletree Lane

City

Lake Worth

FL

Zip Code

33467

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, 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	FERRI, ANTHONY JR.	
STREET ADDRESS	7553 TEXAS TRAIL	
CITY-ST-ZIP	BOCA RATON FL 33487	
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	Ferri, Anthony Jr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6530 marbletree lane	
STREET ADDRESS	Lake worth 33467	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)