

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
 05-12-2000 90031 028 ***150.00

DOCUMENT # P96000042849

1. Entity Name
B CONSULTING, INC.

Principal Place of Business

Mailing Address

301 DUNWOODY LANE
 HOLLYWOOD FL 33021
 US

301 DUNWOODY LANE
 HOLLYWOOD FL 33021-2954

2. Principal Place of Business

5214c Lake Catalina Dr

3. Mailing Address

same

Suite, Apt. #, etc.

Boca Raton, FL

Suite, #, etc.

City & State

Zip

Country

33496

USA

4. FEI Number

65-0680231

Applied For

Not Applicable

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

BIRNHOLZ, HARVEY A
 301 DUNWOODY LANE
 HOLLYWOOD FL 33021

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: *Harvey Birnholz*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BIRNHOLZ, MICHAEL
 CITY-ST-ZIP 301 DUNWOODY LANE
 HOLLYWOOD FL 33021

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BIRNHOLZ, HARVEY A
 CITY-ST-ZIP 301 DUNWOODY LANE
 HOLLYWOOD FL 33021

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

TITLE ☐ Delete
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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:

Harvey Birnholz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

CR2E034 (9/99)