2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am P96000042849 DOCUMENT # **Secretary of State** 1. Entity Name 01-28-2002 90051 033 ***150.00 B CONSULTING, INC. Principal Place of Business Mailing Address 5214 LAKE CATALINN DR. 5214 LAKE CATALINN DR. **BOCA RATON FL 33496 BOCA RATON FL 33496** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0680231 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRNHOLZ, HARVEY A (P.O. Box Number is Not Acceptable) 301 DUNWOODY LANE HOLLYWOOD FL 33021 3349L FL Zip Code 8. The above named en ity 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) 9. This corporation is eligible to satisfy its Intangible FILE NOWIII-FEE IS \$150,00 --10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE BIRNHOLZ, MICHAEL NAME NAME 5214C Lake Cutchina Dr. N. 301 DUNWOODY LANE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition BIRNHOLZ, HARVEY A NAME NAME Frige Lake Cataling Dr. N-301 DUNWOODY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-7IP Ruton, A. 37491 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP -TITLE-Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an efficer 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: