

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057615

1. Entity Name

ISM CONSULTING, INC.

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90076 024 ***150.00

616375



DO NOT WRITE IN THIS SPACE

Principal Place of Business

20185 E COUNTRY CLUB DR
SUITE 207
AVENTURA FL 33180

Mailing Address

20185 E COUNTRY CLUB DR
SUITE 207
AVENTURA FL 33180
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0681989
65-0681989

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

HOFRICHTER, ALEX
9350 SOUTH DIXIE HIGHWAY, SUITE 1500
MIAMI FL 33156

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, 2001 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 INZELSTEIN, STEFAN
CITY-ST-ZIP 2800 ISLAND BLVD.; SUITE #600
AVENTURA FL 33160

TITLE ☐ Change ☐ Addition
NAME P/D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S/H/D
STREET ADDRESS Marc Inzelstein
CITY-ST-ZIP 1000 Island Blvd. #311
Aventura, FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Marc Inzelstein

Marc Inzelstein

1-25-01

305-692-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Information Systems Management

Attachment
P# P96000576E

January 26, 2001

VIA CERTIFIED MAIL,
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: FEI Number: 65-0681989

Dear Sir/Madam:

Pursuant to our telephone conversation with one of your officers, please be advised that the UBR Reports reflect our wrong FEI number of : 65-0681383.

Please note that **the correct FEI number is: 65-0681989** as opposed to 65-0681383.

Please correct your records to reflect to correct FEI number.

Respectfully,

A handwritten signature in black ink, appearing to read "Katia Demeire", with a stylized flourish at the end.

Katia A. Demeire, Office Manager
ISM Consulting, Inc.

cc: Bill Koppel, CPA
Alex Hofrichter, Esq., R.A.

/kd
Encl.