

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001526

1. Entity Name

BSC CONSULTING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90125 005 ***150.00

Principal Place of Business

Mailing Address

4548 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308

4548 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308-5204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0722713

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BISHINS, LARRY V
 4548 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33308

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, 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 PSVT ☐ Delete
 NAME SCHATZ, RICHARD
 STREET ADDRESS 56 RUE DE GRAVIGNY
 CITY-ST-ZIP CHILLY MAZARIN FR 91380

TITLE PSVT ☒ Change ☐ Addition
 NAME SCHATZ RICHARD
 STREET ADDRESS 56 rue Emile Aillet
 CITY-ST-ZIP 75017 Paris

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE *Richard Schatz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
 Date

Daytime Phone #

CR2E034 (9/99)