

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90022 006 ***150.00

825745

DOCUMENT # P97000091300

1. Entity Name

AMERICAN CONSULTING GROUP (USA), INC

Principal Place of Business

Mailing Address

6856 HATTERAS DRIVE
 LAKE WORTH FL 33467

6856 HATTERAS DRIVE
 LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

19259 SKYRIDGE CIR.

19259 SKYRIDGE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

City & State

BOCA RATON FLORIDA

Zip

33498

Country

USA

Zip

33498

Country

USA

4. FEI Number

65-0790303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDAL, JOSE
 19259 SKYRIDGE CIR.
 BOCA RATON 33498

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 PTD ☐ Delete
 NAME JOSE HANDAL
 STREET ADDRESS 19259 SKYRIDGE CIR
 CITY-ST-ZIP BOCA RATON 33498

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

TITLE VSD ☐ Delete
 NAME LIRIA HANDAL
 STREET ADDRESS 19259 SKYRIDGE CIR
 CITY-ST-ZIP BOCA RATON 33498

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jose Handal (JOSE HANDAL)

3/14/00

561-704-2781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)