

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**  
 04-26-2000 90037 043 \*\*\*150.00

## DOCUMENT #

1. Entity Name

**FAIBOL CONSULTING, INC.**

*P9800005828*

Principal Place of Business  
**20830 N.E. 23 AVENUE**  
**MIAMI, FL 33180**

Mailing Address  
**20830 N.E. 23 AVENUE**  
**MIAMI, FL 33180**

2. Principal Place of Business

**231 174 St. Apt.1014**

Suite, Apt. #, etc.

3. Mailing Address

**231 174 St. Apt.1014**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Sunny Isles Beach, Fl**

Zip

**33160**

Country

**USA**

City & State

**Sunny Isles Beach, Fl**

Zip

**33160**

Country

**USA**

4. FEI Number

**65-0816675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BLACHER, PHILIP**  
**20830 N.E. 23rd AVENUE**  
**MIAMI, FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**231 174 STREET, APT. 1014**

City

**SUNNY ISLES BEACH**

**FL**

Zip Code  
**33160**

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

*Philip Blacher, Pres.*

Signature typed or printed name of registered agent and title if applicable.  
**PHILIP BLACHER, PRES.**

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-18-00**

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

TITLE **D** ☐ Delete  
 NAME **BLACHER, PHILIP**  
 STREET ADDRESS **20830 N.E. 23rd AVENUE**  
 CITY-ST-ZIP **MIAMI, FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **231 174 Street, Apt. 1014**  
 CITY-ST-ZIP **Sunny Isles Beach, Fl 33160**

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

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

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PHILIP BLACHER, PRES.**

**04-18-00**

Date

**305-935-3979**

Daytime Phone #

CD25234 (0/00)