FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am DOCUMENT # P98000049955 **Secretary of State** 1. Entity Name ESSEX CONSULTING CORP. 03-22-2001 90031 018 ***150.00 Principal Place of Business Mailing Address 1818 SHERIDAN STREET 1818 SHERIDAN STREET 636433 #210 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 65-0935824 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINSTEIN, JEFFREY H 8221 SW 15TH STREET APT. 1222 PLANTATION FL 33324 1140006 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD CR2E034 (10/00) Delete TITLE TITLE Change Addition GALANT, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 470 NE 25TH TERR CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 Allen Weinstein Pres Delete 1818 Shesiden St TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Hollywood FC 33020 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change 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 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIT1 F Delete TITLE ☐ Change 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 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:

SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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