

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050687

1. Entity Name

CELLAR DOOR CONSULTING, INC.

Principal Place of Business

Mailing Address

900 NE 26TH AVE  
FORT LAUDERDALE FL 33304

650 MADISON AVE  
16TH FLOOR  
NEW YORK NY 10022-1029

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WASSON, A.J.	
STREET ADDRESS	900 NE 26TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	FERREL, MICHAEL	
STREET ADDRESS	650 MADISON AVE 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COUGHLAN, JOHN	
STREET ADDRESS	650 MADISON AVE 16TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	UP	<input type="checkbox"/> Delete
NAME	Richard Hese	
STREET ADDRESS	650 Madison Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	UP	<input type="checkbox"/> Delete
NAME	Harold Tylal	
STREET ADDRESS	650 Madison Ave	
CITY-ST-ZIP	New York, NY 10022	
TITLE	UP	<input type="checkbox"/> Delete
NAME	Thomas Benson	
STREET ADDRESS	650 Madison Ave	
CITY-ST-ZIP	New York, NY 10022	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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)(l), 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

Date

Daytime Phone #