

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-14-2001 90275 008 ***150.00

DOCUMENT # P98000055951

1. Entity Name
ESTATE & RETIREMENT CONSULTANTS INC.

Principal Place of Business
1170 99 STREET
BAY HARBOR ISLANDS FL 33154

Mailing Address
1170 99 STREET
BAY HARBOR ISLANDS FL 33154

6330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
80 S.W. 8th St.
 Suite, Apt. #, etc.
200

3. Mailing Address
1120 99 55 #4
 Suite, Apt. #, etc.
4

City & State
Miami, Florida

City & State
BAY HARBOR ISLANDS FL

Zip
33130

Country
PAAS

Zip
33154

Country
DA08

4. FEI Number **65-0845146** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TAYLOR, MICHAEL
5042 JOHNSTON ST
HOLLYWOOD FL 33021

PO BOX 174 002
HIWEEAH, FL 33017

7. Name and Address of New Registered Agent
 Name **BARRY BAROUK**
 Street Address (P.O. Box Number is Not Acceptable)
1170 99 STREET #4
 City **BAY HARBOR ISLANDS FL** Zip Code **33154**

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]* DATE **4-28-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAROUK, BARRY 1170 99TH STREET APT 4 BAY ISLANDS ISLANDS FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **4-28-01** DAYTIME PHONE # **305-423-2042**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)