

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

02907296 AV

03-07-2003 90075 034 \*\*\*150.00

**DOCUMENT # P98000055951**

1. Entity Name  
**ESTATE & RETIREMENT CONSULTANTS INC.**



Principal Place of Business  
~~1170 99 STREET #4~~  
~~BAY HARBOR ISLANDS FL 33154~~  
**20021 HIGHLAND LAKES BLVD**  
**MIAMI FL 33179**

Mailing Address  
~~1170 99 STREET #4~~  
~~BAY HARBOR ISLANDS FL 33154~~  
**P.O. BOX 546067**  
**SHRIMP SIDE, FL 33154**



2. Principal Place of Business  
**20021 HIGHLAND LAKES BLVD**

3. Mailing Address  
**P.O. BOX 546067**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI FLORIDA**

City & State  
**SHRIMP SIDE, FL. 33154**

4. FEI Number **65-0845146**

Applied For  
 Not Applicable

Zip **33179** Country **USA**

Zip **33154** Country **USA**

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

6. Name and Address of Current Registered Agent

**BAROUK, BARRY** **20021 Highland Lakes Blvd.**  
**1170 99 STREET #4** **Miami, Florida 33179**  
~~**BAY HARBOR ISLANDS FL 33154**~~

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3-4-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARRY BAROUK 20021 Highland Lakes Blvd. Miami, Florida 33179	<input checked="" 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **3-4-03** Daytime Phone # **305-931-3575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)