

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90023 034 ***150.00

DOCUMENT # P98000063096

1. Corporation Name
Z4 CONSULTING, INC.

Principal Place of Business
19610 N.E. 19 PLACE, NORTH
MIAMI BEACH FL 33179

Mailing Address
19610 N.E. 19 PLACE, NORTH
MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

4. FEI Number

65-0849399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2040 NE 197 TERR
Suite, Apt. #, etc.

22 City & State
N. MIAMI BEACH, FL

23 Zip Country
33179 USA

24 33179 25 USA

2a. Mailing Address

26 2040 NE 197 TERR
Suite, Apt. #, etc.

27 City & State
N. MIAMI BEACH FL

28 Zip Country
33179 USA

29 33179 30 USA

9. Name and Address of Current Registered Agent

GOLDSTEIN, DONNA
19610 N.E. 19 PLACE, NORTH
MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name

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

2040 NE 197 TERR

83

84 City
N. MIAMI BEACH

FL

85 Zip Code
33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GOLDSTEIN, RONALD A PH.D
STREET ADDRESS 19610 N.E. 19 PLACE, NORTH
CITY-ST-ZIP MIAMI BEACH FL 33179

TITLE D ☐ DELETE

NAME GOLDSTEIN, DONNA
STREET ADDRESS 19610 N.E. 19 PLACE, NORTH
CITY-ST-ZIP MIAMI BEACH FL 33179

TITLE D ☐ DELETE

NAME ROTH, JAN
STREET ADDRESS 19610 N.E. 19 PLACE, NORTH
CITY-ST-ZIP MIAMI BEACH FL 33179

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2040 NE 197 TERR.

1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2040 NE 197 TERR

2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2040 NE 197 TERR.

3.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33179

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99 305.692.9111

CR2E034 (11/98)

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