

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063096

1. Entity Name

24 CONSULTING, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90174 026 ***150.00

Principal Place of Business

Mailing Address

2040 NE 197 TERR
MIAMI BEACH FL 33179

2040 NE 197 TERR
MIAMI BEACH FL 33160-2043

2. Principal Place of Business

18060 W. DIXIE HWY

Suite, Apt. #, etc.

#202

3. Mailing Address

18060 W. DIXIE HWY

Suite, Apt. #, etc.

202

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0849399

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDSTEIN, DONNA
2040 NE 197 TERR
N-MIAMI FL 33179

Name

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

18060 W. DIXIE HWY

#202

City

AVENTURA

FL

Zip Code

33160

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

Donna Goldstein

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, RONALD A PH.D	
STREET ADDRESS	2040 NE 197 TERR	
CITY-ST-ZIP	MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, DONNA	
STREET ADDRESS	2040 NE 197 TERR	
CITY-ST-ZIP	MIAMI BEACH FL 33179	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOTH, JAN	
STREET ADDRESS	2040 NE 197 TERR	
CITY-ST-ZIP	MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18060 W. DIXIE HWY #202
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18060 W. DIXIE HWY #202
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18060 W. DIXIE HWY #202
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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:

Donna Goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

305-692-9111

Daytime Phone #

CR2E034 (9/99)