FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P98000063096 Z4 CONSULTING, INC. 04-10-2001 90115 003 ***150.00 Principal Place of Business Mailing Address 18060 W DIXIE HWY 18060 W DIXIE HWY #202 #202 AVENTURA FL 33160 AVENTURA FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0849399 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDSTEIN, DONNA Street Address (P.O. Box Number is Not Acceptable) 18060 W DIXIE HWY #202 **AVENTURA FL 33160** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete Change TITLE GOLDSTEIN, RONALD A PH.D. NAME STREET ADDRESS 18060 W DIXIE HWY #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Addition TITLE ☐ Delete ☐ Change NAME GOLDSTEIN, DONNA NAME STREET ADDRESS 18060 W DIXIE HWY #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** TITLE -~~ ~ ~ T Change Addition TITLE ☐ Delete NAME ROOTH, JAN NAME STREET ADDRESS 18060 W DIXIE HWY #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33160 ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Dêlète NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/01 3056929111

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