

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90030 001 \*\*\*150.00

**DOCUMENT # P98000076249**

1. Entity Name

**CONSOLIDATED PROPERTIES OF WEST PALM BEACH INC.**

Principal Place of Business

C/O LEE MANDELL ESQUIRE  
 800 BRICKELL AVENUE #904  
 MIAMI FL 33131

Mailing Address

C/O LEE MANDELL ESQUIRE  
 800 BRICKELL AVENUE #904  
 MIAMI FL 33131-2966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0906995**

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

**MANDELL, LEE ESQ.**  
**800 BRICKELL AVENUE**  
**SUITE 904**  
**MIAMI FL 33131**

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.

SIGNATURE

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  Delete  
 NAME **D MANDELL, LEE ESQ.**  
 STREET ADDRESS **800 BRICKELL AVENUE #904**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD JACOBSON, HARVEY**  
 STREET ADDRESS **11550 NW 36TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33167**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
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TITLE  Change  Add  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information applied 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: *Harvey Jacobson* **RECEIVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Harvey Jacobson** 1/31/2000 305-687-1266  
 Date Daytime Phone #



DO NOT WRITE IN THIS SPACE