

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092347

1. Entity Name
CSI CONSULTING, INC.

Principal Place of Business
941 N.E. 19TH AVE.
SUITE 310
FORT LAUDERDALE FL 33304

Mailing Address
941 N.E. 19TH AVE.
SUITE 310
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SCHINDER, BARRY S ESQ.
1946 TYLER ST
HOLLYWOOD FL 33020

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.

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, 2001 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

TITLE D
NAME ADAMS, JAMES
STREET ADDRESS 1500 CORDOVA RD, STE 308
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME DELGADO, LEO
STREET ADDRESS 1500 CORDOVA RD, STE 306
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE D
NAME ALPERT, STEVE
STREET ADDRESS 1500 CORDOVA RD, STE 306
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 941 N.E. 19th Ave, Ste 310
CITY-ST-ZIP Ft. Lauderdale, FL 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 941 N.E. 19th Ave, Ste 310
CITY-ST-ZIP Ft. Lauderdale, FL 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 941 N.E. 19th Ave, Ste 310
CITY-ST-ZIP Ft. Lauderdale, FL 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90168 008 ***150.00

00003033



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0906917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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