

# 2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name **ANGKA MANAGEMENT CONSULTANTS, INC.**  
 # **P98000106801**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUN -7 PM 12:09

Principal Place of Business Mailing Address  
**4630 N. UNIVERSITY DRIVE**  
**PMB 309**  
**CORAL SPRINGS**  
**FL 33067**

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0899040** 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  
 Name **RICHARD C KENDALL**  
 Street Address (P.O. Box Number is Not Acceptable) **2900 UNIVERSITY DRIVE**  
 City **CORAL SPRINGS** FL Zip Code **33065**

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 **R.C. Kendall, Jr.**  
 Title **Chief Public Accountant**  
 Address **2900 University Dr., #63**  
 City **Coral Springs, FL 33065-5083**  
 Date **04-24-2000**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>AREN J JAN SCHALKWYK</b> <b>7632 EAGLE POINT DRIVE</b> <b>DELRAY BEACH FL 33446</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3000003237133--3</b> <b>-06/20/00--01049</b> <b>***300.00 ***300.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]** 04-24-2000 561-638-6749  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #