2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900002592 1. Entity Name MORANZ BENEFIT CONSULTING, INC.							May 10, 2000 8:00 am Secretary of State				
Principal Place	of Business		Mailing Address								
6813 ENTRADA PLACE			6813 ENTRADA PLACE								
BOCA RATON FL 33433			BOCA RATON FL 33433-2744				74		*C		
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2. Principal Place of Business			3. Mailing Address					() 16 (1) 16(1) 16 (1)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WA	ITE IN THIS SI	PACE	•	
City & State			City & State				FEI Number 886/0	5		olied For Applicable	
Zip	Country		Zip Coun		try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			tional	
	6. Name and Addr	ess of Current Re	gistered Agent		7.	Name and Address of New	Registered A	gent			
343 /	GEL & UTRERA, P.A ALMERIA AVENUE AL GABLES FL 3313				Street Address		HORANZ BOX Nymber is Not Acceptable NTRA DA	PLA	CE		
}	-		سري- بسو	CityBoc	A	RATON	FL	743 Code	33		
8. The above	named entity submits t	his statement for th	ne purpose of changing its	register		stered a	gent, or both, in the State of F	lorida.	1		
SIGNATURE _	1. M	many	I (Edu	امراه	1 R. Mo	ran	2 200	3/15	-/00		
	Signature, typed or printed here				d Agent signature redu		reinstating)				
9. This corporation is eligible to satisfy its Infancial 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 St			IQ .	10. Election Campaign F Trust Fund Contribut		\$5.06 Added	O May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.		À	ADDITIONS/CHANGES TO O	FFICERS AND			=
TITLE NAME	PSTD Moranz, Edwar	וואמ	☐ Delete		E E				Change	Addition	CR9504 (0/00)
STREET ADDRESS 6813 ENTRADA PLACE			STRE		EET ADDRESS					{	42
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CITY-SY-ZIP			[75]		Y-ST-ZIP	-			☐ Change	Addition	1
TITLE NAME		•	☐ Dalete	TIT NAI	ME				unange	E Magnon	
STREET ADDRESS				- 1	REET AODRESS						1
CITY-ST-ZIP	certify that the informat	tion supplied with the	his filing does not qualify for	or the ev	Y-ST-ZIP emption stated i	n Sectio	on 119.07(3)(i), Florida Statute	s. I further cer	tify that the i	nformation	}
indicated of the co	t on this report or supp rooration or the receive	stemental report is t er or trustee empoy	rue and accurate and that vered to execute this repor	my sìgn t as real	ature shall have lired by Chapter	the sam 607, FI	ne legal effect as if made und lorida Statutes; and that my n	er oath; that I a ame appears i	am an officer n Block 11 o	or director r Block 12 if	}
changed	, or on an attachment v	with an address wi	ith all other like empowered	d. 7 ເສັນ ການ	a.		Zhal.	(561)	487	- 7	1
SIGNAT	TURE:	TURE AND TYPES OR PR	INTED NAME OF SIGNING OFFICE	R OR DIRE	CTOR		-\/_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		A PILA	3-	