

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007044
 1. Entity Name GRAFMAN CONSULTING GROUP, INC.

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 042 ***150.00

Principal Place of Business 2011 SW 15th St, Ste 146
DEERFIELD BEACH, FL 33442
 Mailing Address 2011 SW 15th St, Ste 146
DEERFIELD BEACH, FL 33442

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <u>65-0899588</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRAFMAN, ROBERTA
2011 SW 15th St, Suite 146
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<u>GRAFMAN, ROBERTA</u> <u>2011 SW 15th St, Suite 146</u> <u>DEERFIELD BEACH, FL 33442</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete		NAME	
<input type="checkbox"/> Delete		STREET ADDRESS	
<input type="checkbox"/> Delete		CITY-ST-ZIP	

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: GRAFMAN, ROBERTA 4-26-00 954-360-0863
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #