

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90080-017-\$150.00-\$150.00

DOCUMENT # P99000007629

1. Entity Name

RELiance CONSULTING, INC.

FILED

00 APR 19 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

10118 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

10118 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065-4814

2. Principal Place of Business

3. Mailing Address

10118 Royal Palm Blvd

10118 Royal Palm Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs

Coral Springs

Zip

Country

Zip

Country

33065

USA

33065

USA

4. FEI Number

65-0885090

Applied For

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

LORENZETTI, MAURICIO G
10118 ROYAL PALM BLVD.
CORAL SPRINGS FL 33065

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	PSVT	<input type="checkbox"/> Delete
NAME	LORENZETTI, MAURICIO G	
STREET ADDRESS	10118 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	LORENZETTI, MAURICIO G	
STREET ADDRESS	10118 ROYAL PALM BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

2-28-2000 (954) 675-8255

CR2E034 (9/99)