

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90120 025 \*\*\*150.00

DOCUMENT # *89200013397*

1. Entity Name  
*RANZIE CONSULTING SERVICES, INC.*

Principal Place of Business      Mailing Address  
*9411 NW 72 CT.      9411 NW 72 CT.*  
*TAMARAC, FL 33321      TAMARAC, FL 33321*

**A0061047**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*9411 NW 72 CT.*  
 Suite, Apt. #, etc.

3. Mailing Address  
*9411 NW 72 CT.*  
 Suite, Apt. #, etc.

City & State  
*TAMARAC F*

City & State  
*FL TAMARAC, FL*

Zip      Country      Zip      Country  
*33321      USA      33321      USA*

4. FEI Number  
*65-0897672*

Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
*BARBARA V. BELZER*  
*9411 NW 72 COURT*  
*TAMARAC FL 33321*

7. Name and Address of New Registered Agent

Name  
*BARBARA V. BELZER*

Street Address (P.O. Box Number is Not Acceptable)  
*9411 NW 72 COURT*

City      State      Zip Code  
*TAMARAC      FL      33321*

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 *Barbara V. Belzer*      DATE *4/28/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<i>P</i>	<input type="checkbox"/> Delete
NAME	<i>BARBARA V. BELZER</i>	
STREET ADDRESS	<i>9411 NW 72 CT.</i>	
CITY-ST-ZIP	<i>TAMARAC FL 33321</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>P</i>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<i>BARBARA V. BELZER</i>		
STREET ADDRESS	<i>9411 NW 72 CT.</i>		
CITY-ST-ZIP	<i>TAMARAC FL 33321</i>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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
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: *Barbara V. Belzer*      DATE: *4/28/00*      DAYTIME PHONE #: *954 295 2322*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*BARBARA V. BELZER, PRESIDENT*

CR2E034 (9/99)