

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90354 005 ***150.00

DOCUMENT # P99000042523

1. Entity Name

ADA CONSULTING, INCORPORATED

Principal Place of Business

**13283 NW 18 STREET
 PEMBROKE PINES FL 33128**

Mailing Address

**13283 NW 18 STREET
 PEMBROKE PINES FL 33128**

2. Principal Place of Business

13283 NW 18 street

Suite, Apt. #, etc.

Pembroke Pines

City & State

Florida

Zip

33028

Country

USA

3. Mailing Address

13283 NW 18 street

Suite, Apt. #, etc.

Pembroke Pines

City & State

Florida

Zip

33028

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0929393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BLAKER, JEFFREY A
 1111 LINCOLN ROAD MALL STE 802
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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, 2001 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 **D** ☐ Delete
 NAME **ROSENKRANTZ, GARY**
 STREET ADDRESS **13283 NW 18 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33128**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13283 NW 18 street**
 CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

GARY M ROSENKRANTZ **3/1/01** **(954) 435-2799**

CR2E034 (10/00)

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