

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050269

1. Entity Name

MAGAZINE CONSULTANTS, INC.

KL

Principal Place of Business
6722 CANARY PALM CIRCLE
BOCA RATON FL 33433

Mailing Address
6722 CANARY PALM CIRCLE
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650929112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, ALLEN P
1590 N.E. 162ND STREET, SUITE 200
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Neil Hoffman

Street Address (P.O. Box Number is Not Acceptable)

6722 Canary Palm Cir

City

Boca Raton FL 33433

FL 33433

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

7/5/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PSTD
NAME HOFFMAN, NEIL
STREET ADDRESS 6722 CANARY PALM CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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
NEIL HOFFMAN PRES.

Date

Daytime Phone #

7/5/00 5612515256

CR2E034 (5/00)

Attachment
D# P9900W50269
DUJ69821

Neil Hoffman
Magazine Consultants Inc.
6722 Canary Palm Circle
Boca Raton, FL 33433

F.I.D# 650929112

To Whom It May Concern:

I called your office today upon receiving this second notice and explained that this was my first notice.

I was told to write this letter of explanation and include a check for \$150.00 since the first notice was never received and not be penalized.

Sincerely,


Neil Hoffman

7/6/00