

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90164 001 \*\*\*158.75

DOCUMENT # P9900005 111Z

1. Entity Name

PHG Consulting Inc. ✓

Principal Place of Business 2665 S. Bayshore Dr. Ste 202 Coconut Grove, FL 33133	Mailing Address 2665 S. Bayshore Dr. Ste 202 Coconut Grove, FL 33133
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**A0051200**

2. Principal Place of Business 9400 S Dadeland Blvd. Suite, Apt. #, etc. Ste 100 City & State Miami, FL Zip 33156 Country	3. Mailing Address 9400 S Dadeland Blvd Suite, Apt. #, etc. Ste 100 City & State Miami, FL Zip 33156 Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948918	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

Wohl, Michael D  
 9400 S Dadeland Blvd. Ste 100  
 Miami, FL 33156

**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:  Michael D. Wohl President 4/11/01  
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)



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 P NAME Wohl, Michael D STREET ADDRESS 9400 S. Dadeland Blvd. Ste 100 CITY-ST-ZIP Miami, FL 33156	<input type="checkbox"/> Delete
TITLE C NAME Wolfsen Louis III STREET ADDRESS 9400 S Dadeland Blvd. Ste 100 CITY-ST-ZIP Miami, FL 33156	<input type="checkbox"/> Delete
TITLE EVP NAME Deutch, David D. STREET ADDRESS 9400 S. Dadeland Blvd Ste 100 CITY-ST-ZIP Miami, FL 33156	<input type="checkbox"/> Delete
TITLE SVO NAME Friedman, Mitchell M STREET ADDRESS 9400 S. Dadeland Blvd Ste 100 CITY-ST-ZIP Miami, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Michael D. Wohl 4/11/01 (305) 854 7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)