

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000077919**

1. Entity Name

CONSULTANTS INTERNATIONAL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10515 STONEBRIDGE BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State **BOCA RATON FL**

City & State

FBI Number **65-094-5908**

Applied For

Not Applicable

Zip **33498**

Country **USA**

Zip

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **FRED HIRSCHMAN**

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

10515 STONEBRIDGE BLVD.

City **BOCA RATON**

FL

Zip **33498**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Fred Hirschman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**
NAME **FRED HIRSCHMAN**
STREET ADDRESS **10515 STONEBRIDGE BLVD**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **NAME**
STREET ADDRESS **600018302276**
CITY-ST-ZIP **05/06/03-01002-001 **300.00**

TITLE **SECRETARY**
NAME **TERRY TERRY HIRSCHMAN**
STREET ADDRESS **10515 STONEBRIDGE BLVD**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **NAME**
STREET ADDRESS **600018302276**
CITY-ST-ZIP **05/30/03-01002-001 **185.00**

TITLE **NAME**
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fred Hirschman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

561-470-9574

Daytime Phone #

CR2E034B (12/02)