

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090705

1. Entity Name

UNITED FINANCIAL CONSULTANTS INC.

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

04-17-2001 90165 020 \*\*\*150.00

Principal Place of Business

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

2. Principal Place of Business

1001 BRICKELL BAY DR  
SUITE Apt. #, etc.  
2202  
MIAMI FL

3. Mailing Address

1001 BRICKELL BAY DR  
SUITE Apt. #, etc.  
2202  
MIAMI FL

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0992336

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

FL

Country

33131

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STANHAM, NICHOLAS  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

ROBERTO SCHAECHTER

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

1001 BRICKELL BAY DR 2202

City

MIAMI

FL

Zip Code

33131

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

*Schaechter*

secretary - Roberto Schaechter

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) ☐

**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	TD	<input type="checkbox"/> Delete
NAME	SCHAECHTER, RICARDO	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHAECHTER, MARIO	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAECHTER, DOROTHY	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHAECHTER, ROBERTO	
STREET ADDRESS	520 BRICKELL KEY DRIVE SUITE 0-305	
CITY - ST - ZIP	MIAMI FL 33131	
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	<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	
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:

*Schaechter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

305 377 8999

Daytime Phone #

CR2E034 (10/00)