

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90153 018 \*\*\*150.00

**DOCUMENT # P99000090705**

1. Entity Name

**UNITED FINANCIAL CONSULTANTS INC.**

Principal Place of Business

**1001 BRICKELL BAY DR  
 STE 2202  
 MIAMI FL 33131**

Mailing Address

**1001 BRICKELL BAY DR  
 STE 2202  
 MIAMI FL 33131**

2. Principal Place of Business

**100 N. BISCAYNE BLVD**

3. Mailing Address

**100 N. BISCAYNE BLVD**

Suite, Apt. #, etc.

**SUITE 1207**

Suite, Apt. #, etc.

**SUITE 1207**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33132**

Country

Zip

**33132**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0992336**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHAECHTER, ROBERTO**

**1001 BRICKELL BAY DR 2202  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ROBERTO SCHAECHTER**

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

**100 N. BISCAYNE BLVD STE 1207**

City

**MIAMI**

**FL**

Zip Code

**33132**

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]*

**ROBERTO SCHAECHTER  
 DIRECTOR**

**1/12/02**

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, 2002 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** ☐ Delete  
 NAME **SCHAECHTER, RICARDO**  
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☐ Delete  
 NAME **SCHAECHTER, MARIO**  
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **VP** ☐ Delete  
 NAME **SCHAECHTER, DOROTHY**  
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Delete  
 NAME **SCHAECHTER, ROBERTO**  
 STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

*[Signature]* **ROBERTO SCHAECHTER DIRECTOR 1/12/02**  
 305 377 8999  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)