2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # **P99000090950** GREENWICH CONSULTING, INC. 02-05-2000 90033 029 ***150.00 Principal Place of Business Mailing Address 457 CAMBRIDGE DR. 457 CAMBRIDGE DR. FT. LAUDERDALE FL 33326-3565 FT. LAUDERDALE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-096 2876 Not Apple Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 7,-Name and Address of New Registered Agent=---6: Name and Address of Current Registered Agent Name TOCCI, TAMMY Street Address (P.O. Box Number is Not Acceptable) 457 CAMBRIDGE DR. FT. LAUDERDALE FL 33326 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE TOCCI, TAMMY NAME STREET ADDRESS STREET ADDRESS 457 CAMBRIDGE DR. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete The Change TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.