

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90215 011 \*\*\*150.00

0396669 AV

**DOCUMENT # P99000090950**  
 1. Entity Name  
**GREENWICH CONSULTING, INC.**

Principal Place of Business      Mailing Address  
**457 CAMBRIDGE DR.**      **457 CAMBRIDGE DR.**  
**FT. LAUDERDALE FL 33326**      **FT. LAUDERDALE FL 33326**

2. Principal Place of Business      3. Mailing Address  
**3465 N.E. 31ST AVENUE**      **3465 N.E. 31ST AVENUE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**LIGHTHOUSE POINT, FLORIDA**      **LIGHTHOUSE POINT, FLORIDA**      **65-0962876**      Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**33064**      **U.S.A.**      **33064**      **U.S.A.**            Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**TOCCI, TAMMY**      Name      **TAMMY TOCCI**  
**457 CAMBRIDGE DR.**      Street Address (P.O. Box Number is Not Acceptable)  
**FT. LAUDERDALE FL 33326**      **3465 N.E. 31ST AVENUE**  
 City      State      Zip Code  
**LIGHTHOUSE POINT, FL**      **33064**

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 *Tammy Tocci, Pres. TAMMY TOCCI*      DATE 3-20-02  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.       **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOCCI, TAMMY</b> <b>457 CAMBRIDGE DR.</b> <b>FT. LAUDERDALE FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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: *Tammy Tocci, President TAMMY TOCCI*      Date 3-20-02      Daytime Phone # 954-545-0291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #