

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091982

1. Entity Name  
**TITAN CONSULTANTS INC**

Principal Place of Business

200 KNUTH RD., SUITE 100  
BOYNTON BCH FL 33436

Mailing Address

200 KNUTH RD., SUITE 100  
BOYNTON BCH FL 33436-4635

2. Principal Place of Business

330 NW 67 St. #203

Suite, Apt. #, etc.

3. Mailing Address

330 NW 67 St.

Suite, Apt. #, etc.

#203

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33487

Country

USA

Zip

33487

Country

USA

4. FEI Number

65-0945083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BISCAIA, ROY  
200 KNUTH RD., SUITE 100  
BOYNTON BCH FL 33436

7. Name and Address of New Registered Agent

Name

BISCAIA, ROY

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

330 NW 67 St #203

City

Boca Raton

FL

Zip Code

33487

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

X Roy Biscaia

X

*[Signature]*

4-15-00

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, 2000 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 ☐ Delete  
NAME *Director - President*  
STREET ADDRESS *Roy Biscaia*  
CITY-ST-ZIP *330 NW 67 St. #203*  
*Boca Raton FL 33487*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME *Director - Vice-Pres.*  
STREET ADDRESS *Brooke E. TAMMARD*  
CITY-ST-ZIP *330 NW 67 St. #203*  
*Boca Raton FL 33487*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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CITY-ST-ZIP

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:

X Roy Biscaia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

561-781-7329

Daytime Phone #



DO NOT WRITE IN THIS SPACE