

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107657

1. Entity Name

TETON CONSULTANTS GROUP, INC.

Principal Place of Business

Mailing Address

941 N.E. 19TH AVE.
SUITE 310
FORT LAUDERDALE FL 33304

941 N.E. 19TH AVE.
SUITE 310
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALPERT, STEVEN
1500 CORDOVA ROAD
SUITE 306
FORT LAUDERDALE FL 33316

Name **STEVEN ALPERT**
Street Address (P.O. Box Number is Not Acceptable) **941 N.E. 19TH AVE SUITE 310**
City **FORT LAUDERDALE** FL Zip Code **33304**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ALPERT, STEVEN**
STREET ADDRESS **1500 CORDOVA ROAD SUITE 306**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **PD** ☒ Change ☐ Addition
NAME **ALPERT, STEVEN**
STREET ADDRESS **941 N.E. 19TH AVENUE SUITE 310**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN ALPERT, PRES.

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90075 006 ***158.75

602945



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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