

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90151 045 ***150.00

DOCUMENT # P99000111710

1. Entity Name

KEY DECISIONS CONSULTING, INC.

Principal Place of Business

Mailing Address

10586 WHEELHOUSE CIRCLE
 BOCA RATON FL 33428

POST OFFICE BOX 880047
 BOCA RATON FL 33488-0047



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10586 Wheelhouse Cir
 Suite, Apt. #, etc.

PO Box 880047
 Suite, Apt. #, etc.

City & State
 Boca Raton, FL

City & State
 BOCA RATON, FL

4. FEI Number 65-0969781

Applied For
 Not Applicable

Zip Country
 33428 USA

Zip Country
 33488-0047 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name

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

City

FL

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 similar like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KATARINA A. TRISKA April 22 2000

561 470 1270

CR2E034 (9/99)