

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90052 002 ***150.00

DOCUMENT # V44686

1. Entity Name
WOODLANDS CONSULTING SERVICES, INC.

Principal Place of Business

~~2000 GLADES RD~~
~~SUITE 400~~
BOCA RATON FL 33431

Mailing Address

~~2000 GLADES RD~~
~~SUITE 400~~
BOCA RATON FL 33431

2. Principal Place of Business

1801 N. MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 200

City & State
BOCA RATON, FL

Zip Country
33431 USA

3. Mailing Address

1801 N. MILITARY TRAIL

Suite, Apt. #, etc.
SUITE 200

City & State
BOCA RATON, FL

Zip Country
33431 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0361959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP
~~2000 GLADES RD~~
~~SUITE 400~~
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
HRAWG CORP.
 Street Address (P.O. Box Number is Not Acceptable)
1801 N. MILITARY TRAIL
SUITE 200
 City
BOCA RATON FL 33431

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

Larry C...

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST
GOLDBERG, ALBERT A.
6308 SILK OAK CIRCLE
TAMARAC FL 33319 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition

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:

Albert A. Goldberg
ALBERT A. GOLDBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

954-7

Daytime Phone #

CR2E034 (9/01)