

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65680

1. Entity Name

CARLISLE PROPERTY CONSULTANTS, INC.

Principal Place of Business

2665 S.BAYSHORE DR.  
603  
MIAMI FL 33133

Mailing Address

2665 S.BAYSHORE DR.  
603  
MIAMI FL 33133-5401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3143907

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

REINMAN, JAMES L  
1825 SO RIVERVIEW DIVE  
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Ivor J. Bamberger

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

3361 SW Third Avenue

City

Miami

FL

Zip Code

33145

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

*Ivor J. Bamberger*

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

TITLE DPT  
NAME SILVERSTEIN, ELAINE  
STREET ADDRESS 2665 SO BAYSHORE DRIVE STE 603  
CITY-ST-ZIP MIAMI FL 33133



Delete

TITLE DS  
NAME BEBER, JOYCE  
STREET ADDRESS 2665 S.BAYSHORE DR. 603  
CITY-ST-ZIP MIAMI FL 33133



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ivor J. Bamberger* IVOR J. BAMBERGER

4/26/00

Date

305 856-9800

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

PAID APR 28 2000