## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V70390**

1. Entity Name

CONSEPS CONSULTING GROUP LTD. INC

## FILED Feb 05, 2000 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME CITY-ST-ZIP							02-0	05-2000 9	90042 03	37 ***1	50.00	
20 W PALMETTO PK. RO. STE 308  SOCIA RATON FL 304203759  SUBJ. Principal Place of Business  Subj. Apr. F., etc.  S	Principal Place	e of Business	Mailing Address			-						
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.   Suite, Apt. 8, etc.	200 W PALMETTO PK., RD. STE. 306		200 W PALMETTO PK., RD. STE, 306							<u>-</u>		
City & State  Country  S. Certificate of Status Desired  S. To Address of Current Registered Agent  To Name and Address of New Registered Agent  Series Address (P.O. Box Number is Not Acceptable)  Series Address (P.O. Box Number is Not Acceptable)  Signature  S	2. Principal Pl	ace of Business	3. Mailing Address		<del>-</del> -	-						
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional Pere Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name Registered Agent 8. Name Registered A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-		DO NOT	WRITE IN	THIS SPA	4CE	
See Country   September   See Required   See Requ	City & State		City & State			<b>4.</b> F	El Number	65-036	1333			
EPSTEIN, IRENE A 200 W. PALMETTO PK., RD.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  STATE ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE  OFFICERS AND DIRECTORS 122  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE  STATE ADDRESS SOON O COEAN BLVD, B207  FT LAUDERDALE FL  OPEN Detel  NAME SIRRET ADDRESS SOON O COEAN BLVD, B207  FT LAUDERDALE FL  OBERE ADDRESS CITY-ST-2P  TITLE  OP  OBERE ADDRESS CITY-ST-2P  TITLE  OP  OBERE ADDRESS CITY-ST-2P  TITLE  OR DETERMINENCES CI	Zip	Country	Zip	Count	ry	5. (	Certificate of	f Status Des	ired [		8.75 Add	litional
EPSTEIN, IRENE A 200 W. PALMETTO PK., RD.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its intangible Tax filing equirement and eachs to do so.  9. This corporation is eligible to satisfy its intangible Tax filing equirement and eachs to do so.  9. This corporation is eligible to satisfy its intangible Tax filing equirement and eachs to do so.  9. This corporation is eligible to satisfy its intangible Tax filing equirement and eachs to do so.  9. The Description of State William State of Florida.  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  11. OFFICERS AND DIRECTORS IN 11  12. EPSTEIN, IRENE A STREET ADDRESS OFFICERS AND DIRECTORS IN 11  13. OFFICERS AND DIRECTORS IN 11  14. OFFICERS AND DIRECTORS IN 11  15. OFFICERS AND DIRECTORS IN 11  16. Election Campaign Financing Transferration of State Address of Transferration of S		6. Name and Address of Current F	tegistered Agent			7. N	Name and A	ddress of N	lew Regis	tered Ag	ent	
200 W. PALMETTO PK., RD.  BOCA RATON FL 33432  City	. <del>-</del> I	·			Name							
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  9. This corporation is eligible to satisfy its intangible Tax Miling requirement and elects to do so. (See critoria on back)  9. This corporation is eligible to satisfy its intangible Tax Miling requirement and elects to do so. (See critoria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CMANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TITLE  TORE TORNAME  STREET ADDRESS  CITY-ST-2P  TITLE  DP  WENECK, ROBERT  SOON N OCEAN BLVD, 8207  FT LAUDERDALE FL  TITLE  Detel  TITLE  Detel  TITLE  Detel  TITLE  Detel  TITLE  Detel  TITLE  DETECTIONS/CMANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP  WENCK, ROBERT  STREET ADDRESS  CITY-ST-2P  TITLE  Detel  TITL	200 \	W. PALMETTO PK., RD.	Street Address			ss (P.O. B	lox Number	is Not Acce	otable)			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Present   Present   Presented   Presentation   Presented   Presentation   Pre	BOC	A RATON FL 33432										
SIGNATURE    Signature   Signature hyper between agent and sure it applicable.   NOTE   Registered Agent agent are stare it applicable.   NOTE   Registered Agent agent are stare it applicable.   NOTE   Registered Agent agent are received when the process of the				[	City		<del></del> ,			FL	Zip Code	e
9. This corporation is elligible to satisfy its Intangible Task filing requirement and elects to do so	8. The above	named entity submits this statement for	the purpose of changing its	s registere	d office or regis	stered ag	ent, or both,	in the State	of Florida.			
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Tax filling requirement and elects to do so. (See criteria on back)    After MAY 1, 2000   Fee will be \$550.00   Trust Fund Contribution.   Added to Fees Added to Fees Added to Fees 1.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N 11	SIGNATURE _	Signature, typed or printed name of registered agent at	nd title if applicable. (NO1	TE: Registered	Agent signature requ	uired when re	einstating)			DATE		
Task filing requirement and electics to do so. (See criteria on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State Payable to Department of State   Trust Fund Contribution.   Added to Fees Make Check Payable to Department of State Payable to Department	9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW	/!!! FEE	S \$150.00		10 Flec	tion Campai	on Financi		<b>\$</b> 5.0	— In u∝ces
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13. Thereby 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 record 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		certify that the information supplied with	this filing does not qualify for	or the exer	nption stated in	Section	119.07(3)(i)	, Florida Sta	tutes. I furt	her certify	that the i	nformation

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

