

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90015 042 \*\*\*150.00

**DOCUMENT # V70390**

1. Entity Name

CONSEPS CONSULTING GROUP LTD. INC

Principal Place of Business

% IRENE A. EPSTEIN, CPA *Robert Weneck*  
 200 W PALMETTO PK., RD. STE. 306  
 BOCA RATON FL 33432

Mailing Address

% IRENE A. EPSTEIN, CPA *Robert Weneck*  
 200 W PALMETTO PK., RD. STE. 306  
 BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0361333**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EPSTEIN, IRENE A  
 200 W. PALMETTO PK., RD.  
 BOCA RATON FL 33432

*Robert Weneck*  
*200 W PALMETTO PARK ROAD*  
*SUITE 306*  
*BOCA RATON FL 33486*

Name

*Robert Weneck*

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

*200 W PALMETTO PARK ROAD*

*SUITE 306*

City

*BOCA RATON*

FL

Zip Code

*33486*

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

*Robert Weneck*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*5/20/02*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST**  
 NAME **EPSTEIN, IRENE A**  
 STREET ADDRESS **200 W. PALMETTO PK. RD.**  
 CITY-ST-ZIP **BOCA RATON FL**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DP**  
 NAME **WENECK, ROBERT**  
 STREET ADDRESS **5000 N OCEAN BLVD, B207**  
 CITY-ST-ZIP **FT LAUDERDALE FL**



**Robert Weneck**  
**5568 Fox Hollow Drive**  
**Boca Raton, Florida 33486**

*NEW ADDRESS*

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:

*Robert Weneck*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/02*

Date

*954-6831518*

Daytime Phone #

CR2E034 (9/01)