

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000079776**

1. Entity Name  
**OAKLAND CONSULTING, INC.**

Principal Place of Business 4000 HOLLYWOOD BLVD SE 350-N  HOLLYWOOD FL 33021	Mailing Address 4000 HOLLYWOOD BLVD SE 350-N  HOLLYWOOD FL 33021
---	---

2. Principal Place of Business 20 NOYES LANE	3. Mailing Address 20 NOYES LANE
---	-------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State MERRIMAC MA	City & State MERRIMAC MA
-----------------------------	-----------------------------

4. FEI Number <b>65-0956751</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 01860	Country US	Zip 01860	Country US
--------------	---------------	--------------	---------------

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

FEINBERG JEFFREY  
 3425 NE 44 STREET STE 203  
  
 OAKLAND PARK FL  
 33309 US

**7. Name and Address of New Registered Agent**

Name  
 FEINBERG JEFFREY  
 Street Address (P.O. Box Number is Not Acceptable)  
 4000 HOLLYWOOD BLVD SE  
 350-N  
 City  
 HOLLOWOOD FL Zip Code  
 33021

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 **J. FEINBERG** 04/27/2000  
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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BECKER KLAUS	
STREET ADDRESS	3425 NW 44 STREET STE 203	
CITY-ST-ZIP	OAKLAND PARK FL 33300	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER KLAUS	
STREET ADDRESS	20 NOYES LANE	
CITY-ST-ZIP	MERRIMAC MA 01860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: KLAUS BECKER

04/27/2000