

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90006 009 \*\*\*150.00

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**DOCUMENT # G12447**

1. Entity Name  
**BARRISTER, INC.**

Principal Place of Business  
**6901 SW 56TH CT  
 DAVIE FL 33314  
 US**

Mailing Address  
~~9859 PINES BOULEVARD~~  
**PEMBROKE PINES FL 33024  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**9105 Taft Street**  
 Suite, Apt. #, etc.  
**N/A**

City & State  
**Pembroke Pines, FL**

4. FEI Number **59-2238990**

Applied For  
 Not Applicable

Zip **33024** Country **US**

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

6. Name and Address of Current Registered Agent  
**KURLAND, JACQUELINE I**  
~~9859 PINES BOULEVARD~~  
**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent  
 Name **Kurland, Jacqueline I.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9105 Taft St.**  
 City **Pembroke Pines** **FL** Zip Code **33024**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>DST KURLAND, SHELDON C 6901 S.W. 56TH COURT DAVIE FL 33314</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KURLAND, ROSALIND 6901 S.W. 56TH COURT DAVIE FL 33314</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: Sheldon C Kurland **8/17/01** **(954) 436-6080**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
Doc# 612447

C0075693

Barrister, Inc.  
6901 S. W. 56<sup>th</sup> Ct.  
Davie, FL 33314  
August 17, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Request for waiver of \$400.00 late fee

Gentlemen:

Enclosed please find the following:

- (a) 2001 Uniform Business Report (UBR) for Barrister, Inc., and
- (b) check in the amount of \$150.00 payable to State of Florida.

We are hereby requesting that you waive the \$400.00 late fee with regard to the Annual Report because of the following reasons.

Last year our mailing address was the same as that of our Resident Agent. About September 2000, our Resident Agent moved her office to her new location at 9105 Taft St., Pembroke Pines, FL 33024. Since that time all Sales Tax Reports and payments have been made timely reflecting our correct address. We never did receive the Annual Report for 2001, but this current late report was forwarded on to us and we received it yesterday.

Predicated upon the foregoing and the fact that we did not merely procrastinate or otherwise delay in sending in the Annual Report and the accompanying \$150.00 fee, we respectfully request that you waive the \$400.00 late fee.

Thank you for your attention to this matter.

Very truly yours,



Sheldon C. Kurland, Secretary