

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90087 026 \*\*\*150.00

DOCUMENT # **M65628**

1. Entity Name  
**137 ASSOCIATES, INC.**

Principal Place of Business  
**12300 S.W. 132<sup>ND</sup> COURT  
 MIAMI, FL 33186**

Mailing Address  
**40 DAVID SHAPIRO  
 1505 W 23<sup>RD</sup> SE  
 MIAMI BEACH, FL 33140**

**A0046025**

2. Principal Place of Business  
**12300 SW 132<sup>ND</sup> COURT**

3. Mailing Address  
**40 DAVID SHAPIRO**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL**

City & State  
**MIAMI BEACH, FL**

4. FEI Number  
**65-0099633**

Applied For  
 Not Applicable

Zip  
**33186**

Country  
**DADE**

Zip  
**33140**

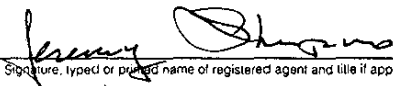
Country  
**DADE**

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

6. Name and Address of Current Registered Agent  
**SHAPIRO, JEREMY  
 1541 BRICKELL AVENUE, APT 1504  
 MIAMI, FL 33129**

7. Name and Address of New Registered Agent  
 Name **JEREMY SHAPIRO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1541 BRICKELL AVENUE, APT. 1504**  
 City **MIAMI** FL Zip Code **33129**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE **4/1/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)


**FILE NOW! FEES US \$150.00**  
**APRIL 15, 2001**  
**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>DP SHAPIRO, JEREMY 12300 S.W. 132<sup>ND</sup> COURT MIAMI, FL 33186</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP SHAPIRO, BRIAN 12300 SW 132<sup>ND</sup> COURT MIAMI, FL 33186</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD SHAPIRO, DAVID 12300 SW 132<sup>ND</sup> COURT MIAMI, FL 33186</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP SHAPIRO, JEREMY 1541 BRICKELL AVENUE, APT 1504 MIAMI, FLORIDA 33129</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP SHAPIRO, BRIAN 4410 N. JEFFERSON AVE MIAMI BEACH, FL 33140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S.D SHAPIRO, DAVID 1505 W 23<sup>RD</sup> SE MIAMI BEACH, FL 33140</b> <input checked="" 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 all other like empowered.

SIGNATURE:  **JEREMY SHAPIRO** 3/31/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)