

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
 06-15-2001 90170 022 ***150.00

DOCUMENT # P00000093953

1. Entity Name

Michael Walker, P.A.

Principal Place of Business Mailing Address
 407 Lincoln Road
 Suite 4E
 Miami Beach, Fl 33139

A0073429

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1050675		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Michael Walker, P.A. 407 Lincoln Road Suite 4E Miami Beach, Fl 33139		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

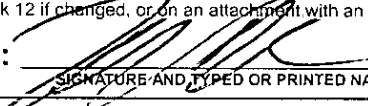
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	President Michael Walker 407 Lincoln Road Suite 4E Miami Beach, Fl 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  Michael Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 5383443

Mary E. Prados, C.P.A., P.A.

Attachment
DH#P0000093953
A0073429

May 31, 2001

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

Re: Michael Walker, P.A.

65-1050675

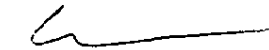
Lost application & check by the post office

Dear Sir/Madam:

I am the accountant of the above Corporation and I was doing the reconciliation on 05/31/01 for the month of April 2001 & Check #1099 dated 04/14/01, payable to Department of State, is still outstanding. We have also checked with your office & as of today you have not received the renewal form & the mentioned check. We have sent the application and the check on 04/15/01 & believe that ckeck & application were lost in the mail and since we do not have any control over that, we kindly request for you at this time to please disregard that check & process our Application for renewal and our new check enclosed herewith.

If you should have any question, please contact me at 305-358-3443.

Very truly yours,



Mary E. Prados

Enc