

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90087 043 ***

DOCUMENT # P01000105872

1. Entity Name
MITCH HELFER, PA

Principal Place of Business Mailing Address
215 ROMANO AVENUE 215 ROMANO AVENUE
CORAL GABLES FL 33134 CORAL GABLES FL 33134

010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 05-0519175	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HELPER, MITCH J CPA 215 ROMANO AVENUE CORAL GABLES FL 33134			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELPER, MITCH J 215 ROMANO AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *WALTER* **WALTER REQUIRED** 7/4/02 305-167-3152

CR2E034 (4/02)

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MITCH HELFER, CPA

(305) 567-3152

215 Romano Avenue
Coral Gables, FL 33134

Divisions of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327
Attn.: Andrew Dunlap, Spvr.

Re: Mitch Helfer, PA
65-0519175

Dear Mr. Dunlap:

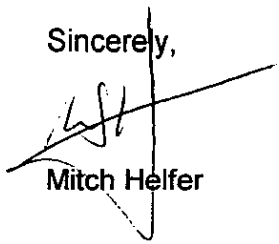
I am writing you to request a waiver of the late fee of \$400 already paid with the filing of the annual report.

I have recently paid the Department of State, \$550 as requested. I have not received the first notice of the annual fee of \$150 (due May 2002). I had called the Department with regards to this matter in April 2002 and was advised that I should wait for the notification and pay the amount due upon receipt. Accordingly, I had followed the direction of your agent.

This is the first opportunity I have had to file a renewal fee. I have undertaken procedural steps to ensure that such errors will not occur in the future. As a new, small business corporation, the penalty is extremely detrimental to the financial welfare of the corporation. Please refund this amount at your earliest convenience.

Thank you in advance for your attention.

Sincerely,


Mitch Helfer