

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90161 038 ***150.00

DOCUMENT # P05237

1. Entity Name

JOHNSON, MIRMIRAN & THOMPSON, P.A.

Principal Place of Business

Mailing Address

72 LOVETON CIRCLE
 SPARKS MD 21152

72 LOVETON CIRCLE
 SPARKS MD 21152-9202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0963531

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

711613



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGENTHELER, CHARLES S.
105 FOURTH AVENUE
SUITE 221
ST. PETERSBURG FL 33701

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

C S Morgentheler

1/7/2000

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	MIRMIRAN, FRED F.
STREET ADDRESS	72 LOVETON CIRCLE
CITY-ST-ZIP	SPARKS MD
TITLE	D <input type="checkbox"/> Delete
NAME	BURKE, REGIS
STREET ADDRESS	72 LOVETON CIRCLE
CITY-ST-ZIP	SPARKS MD
TITLE	V <input type="checkbox"/> Delete
NAME	CHENG, DANIEL T.
STREET ADDRESS	72 LOVETON CIRCLE
CITY-ST-ZIP	SPARKS MD
TITLE	V <input type="checkbox"/> Delete
NAME	SMULOVITZ, RICHARD
STREET ADDRESS	72 LOVETON CIR
CITY-ST-ZIP	SPARKS MD
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"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Smulovitz
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000
 Date

410-329-310
 Daytime Phone #