

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90093 007 \*\*\*150.00

**DOCUMENT # P96000038289**

1. Entity Name  
**NERO MURPHY, INC.**

Principal Place of Business  
**9400 SOUTH DADELAND BLVD.**  
**SUITE 300**  
**MIAMI FL 33156**

Mailing Address  
**9400 SOUTH DADELAND BLVD.**  
**SUITE 300**  
**MIAMI FL 33156**



2. Principal Place of Business  
*6789 Biscayne Blvd*

3. Mailing Address  
*6789 Biscayne Blvd*

DO NOT WRITE IN THIS SPACE

City & State  
*Miami FL*

City & State  
*Miami, FL*

4. FEI Number  
**65-0680177**

Applied For  
 Not Applicable

Zip  
**33138**

Country

Zip  
**33138**

Country

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

**6. Name and Address of Current Registered Agent**

**WOLASKY, MARJORIE E**  
**7103 S.W. 102 AVENUE**  
**MIAMI FL 33173**

**7. Name and Address of New Registered Agent**

Name **MARJORIE E. WOLASKY**  
**ATTORNEY AT LAW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9400 S. DADELAND BLVD.**  
**SUITE 300**  
 City **MIAMI, FLORIDA 33156** **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 *Marjorie E Wolasky*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2/16/02*

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, 2002 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	<b>D</b> <b>POOLER, TERESA MARY</b> <b>6789 BISCAYNE BLVD</b> <b>MIAMI FL 33138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>POOLER, CHARLES</b> <b>6789 BISCAYNE BLVD</b> <b>MIAMI FL 33138</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
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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
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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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/16/02*

CR2E034 (9/01)