

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90118 031 ***150.00

DOCUMENT # P97000065173

1. Entity Name
MORPHIL CORPORATION

Principal Place of Business 11190 BISCAYNE BLVD. MIAMI FL 33181	Mailing Address 11190 BISCAYNE BLVD. MIAMI FL 33181
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D0046671



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 240 E. 5th Street	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State
Zip 33010 Country USA	Zip Country

4. FEI Number 85-0770705 36-4182435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHEL, JACK J
7031 S.W. 62ND AVENUE
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name Norman J. Ginsparg
Street Address (P.O. Box Number is Not Accepted) 1190 Biscayne Blvd
City North Tower
City No. Miami FL Zip Code 33181

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 **Norman Ginsparg Registered Agent** DATE **4-23-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP	MICHEL, JACK J		
7031 S.W. 62 AVENUE	SOUTH MIAMI FL 33143		

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: **Jack J. Michel** DATE **4-24-01** DAYTIME PHONE # **305-784-7700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)