

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90051 023 ***150.00

DOCUMENT # P99000017797

1. Entity Name
HALPERN & ASSOCIATES FINANCIAL, INC.

Principal Place of Business

1674 MERIDIAN AVE
 #302
 MIAMI BEACH FL 33139

Mailing Address

1674 MERIDIAN AVE
 #302
 MIAMI BEACH FL 33139

C0045278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

333 ARTHUR GODFREY ROAD

Suite, Apt. #, etc.
410

City & State
MIAMI BEACH, FL

Zip
33140

Country
USA

3. Mailing Address

333 ARTHUR GODFREY RD

Suite, Apt. #, etc.
410

City & State
MIAMI BEACH, FL

Zip
33140

Country
USA

4. FEI Number **65-0903399**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, SCOTT A ESQ.

~~2000 TIGERTAIL AVE., STE. 107~~
~~COCONUT GROVE FL 33133~~
Miami, FL 33131

300 Biscayne Blvd. Way #1111

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 | <input type="checkbox"/> Delete |
|-------|---------------|------------------------|----------------------|---------------------------------|
| PVST | HALPERN, JILL | 1674 MERIDIAN AVE #302 | MIAMI BEACH FL 33139 | <input type="checkbox"/> |
| D | HALPERN, JILL | 1674 MERIDIAN AVE #302 | MIAMI BEACH FL 33139 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------------|-----------------------|--|-----------------------------------|
| | | 333 ARTHUR GODFREY ROAD #410 | MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 333 ARTHUR GODFREY ROAD #410 | MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

305-535-2230

Daytime Phone #

CR2E034 (10/00)