

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90960

1. Entity Name
DARRYL K. SHARPTON, P.A.

Principal Place of Business
% DARRYL K. SHARPTON
ONE SE 3RD AVE STE 2100
MIAMI FL 33131

Mailing Address
% DARRYL K. SHARPTON
ONE SE 3RD AVE STE 2100
MIAMI FL 33131

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number 65-0110806
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SHARPTON, DARRYL K.
ONE S.E. 3RD AVENUE
SUITE 2100
MIAMI FL 33131

7. Name and Address of New Registered Agent
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 rechartering) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D SHARPTON, DARRYL K. ONE SE 3RD AVE MIAMI FL	<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	D SHARPTON, DARRYL K. II ONE SE 3RD AVE MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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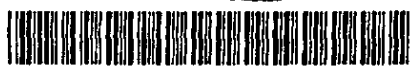
13. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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, and I am duly empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/01 (305) 374-1574
Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 AM 8:32



DO NOT WRITE IN THIS SPACE

CR2034 (5/01)



SHARPTON, BRUNSON & COMPANY, P.A.

Certified Public Accountants & Business Consultants

One Southeast Third Avenue, Suite 2100
Miami, FL 33131

Telephone: (305) 374-1574 / Facsimile: (305) 372-8161

One East Broward Boulevard, Suite 1110
Fort Lauderdale, FL 33301

Telephone: (954) 467-5490 / Facsimile: (954) 467-6184

E-Mail: info@sbccpa.com

September 20, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Reinstatement Department

RE: Darryl K. Sharpton, P.A. - Reference #M90960
The Sphinx Enterprises (Real Estate), Inc. - Reference #M91218

Dear Sirs:

Enclosed please find copies of our letter sent to the Uniform Business Report Filings Department dated July 9, 2001, together with the responses received from the Annual Reports Section. I am sending the above correspondence in an appeal to your office for waiver of the late filing fees as I never received the Uniform Business Reports at the beginning of this year nor any prior notices.

I would appreciate your kind consideration in this matter.

Very truly yours,

Darryl K. Sharpton, CPA/ABV
Managing Director

DKS/cem

Enc.

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