

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015008

1. Entity Name
BYMEL AND ASSOCIATES, INC

Principal Place of Business Mailing Address
**2118 NE 56TH PLACE
FORT LAUDERDALE FL
33308**

2. Principal Place of Business 3. Mailing Address
2118 NE 56TH PLACE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort LAUDERDALE FL

4. FEI Number
65-0751630

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

10/2

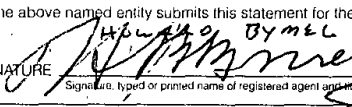
FILED

01 OCT 17 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

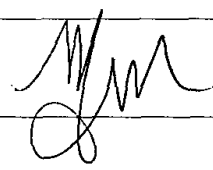
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  **REGISTERED AGENT** DATE: **10/14/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	DIP/T MARY BYMEL 2118 NE 56TH PLACE Fort LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900004669789-3 -11/06/01--01089--004 ***158.75 ***158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIV/S HOWARD BYMEL 2118 NE 56TH PLACE Fort LAUDERDALE FL 33308 <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	<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	<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	<input type="checkbox"/> Delete	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:  **HOWARD BYMEL** DATE: **10/14/01** TELEPHONE: **(954) 491-8700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2012

Bymel and Associates, Inc.
2118 N.E. 56th Place
Fort Lauderdale, FL 33308

October 15, 2001

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

Re: Bymel and Associates, Inc. (P97000015008) Annual Report

Dear Sir or Madam,

We learned from an internet search that our company is inactive in your records. We have no record of having received an annual report from your office. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we did not receive an earlier notice. Thank you for your consideration and cooperation in this matter. Thank you for your assistance. Please be sure you have our proper mailing address in your records. Thank you.

Very Truly Yours,



Howard Bymel, Vice President