

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015008
1. Entity Name
 Bymel and Associates, Inc.

FILED
 02 DEC 19 PM 3:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 2118 N.E. 56th Place 2118 N.E. 56th Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Fort Lauderdale, FL 33308 Fort Lauderdale, FL 33308
Zip **Country** **Zip** **Country**
 33308 USA 33308 USA

4. FEI Number **Applied For**
 65-0751630 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Howard Bymel
 2118 N.E. 56th Place
 Fort Lauderdale, FL 33308

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: *Howard Bymel* **Vice President** **11/22/2002**
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T <input type="checkbox"/> Delete Mary Bymel 2118 N.E. 56th Place Ft Laud, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S <input type="checkbox"/> Delete Howard Bymel 2118 N.E. 56th Place Ft Laud, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100009566551 12/17/02--01096--009 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BR</i> 12/23 _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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* **V.P.** **11/22/2002** **954-491-8700**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)

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

November 22, 2002

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.

Very Truly Yours,


Howard Bymel, Vice President