

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90166 026 ***150.00

DOCUMENT # 486983

1. Entity Name

MORROW, GELMAN & NIELSON, P.A.

Principal Place of Business

Mailing Address

~~8966 SW 87TH CT~~
~~SUITE #1~~
~~MIAMI FL 33178~~
~~US~~

~~8966 SW 87TH CT.~~
~~SUITE #1~~
~~MIAMI FL-33178-2272~~
~~US~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt

City & St

OUR NEW ADDRESS:
SNAPPER CREEK PROFESSIONAL CENTER
7800 S.W. 87TH AVE, SUITE B-240 • MIAMI, FLORIDA 33173
PHONE: (305) 274 ENDO (3636) • FAX: (305) 274-3615



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1622545

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORROW, STEPHEN E
~~8966 SW 87TH CT~~
~~SUITE #1~~
~~MIAMI FL 33178~~

Name

OUR NEW ADDRESS:
SNAPPER CREEK PROFESSIONAL CENTER
7800 S.W. 87TH AVE, SUITE B-240 • MIAMI, FLORIDA 33173
PHONE: (305) 274 ENDO (3636) • FAX: (305) 274-3615

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.

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	PD	<input type="checkbox"/> Delete
NAME	MORROW, STEPHEN E	
STREET ADDRESS	8966 SW 87TH COURT, STE #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GELMAN, RICHARD	
STREET ADDRESS	8966 SW 87TH COURT, STE #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NIELSON, DENNIS G	
STREET ADDRESS	8966 SW 87TH COURT, STE #1	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

STEPHEN E. MORROW
 MORROW, SJS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/00 (305) 274-3636

CR2F034 (9/99)