

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F03311

1. Entity Name
ROSALIND MERRITT, INC.

Principal Place of Business
**300 - 41ST ST., SECOND FLOOR
MIAMI BEACH FL 33140**

Mailing Address
**SUITE 218, 300 41 ST.
MIAMI BEACH FL 33140
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2105471**

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

**MERRITT, ROGER J ESQ
SUITE 218, 300 - 41ST STREET
MIAMI BEACH FL 33140**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **S** ☐ Delete
NAME **MERRITT, ROGER**
STREET ADDRESS **SUITE 218, 300 - 41ST STREET**
CITY-ST-ZIP **MIAMI BCH, FL 33140**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **MERRITT, ROSALIND**
STREET ADDRESS **1070 N.E. 202 TERRACE**
CITY-ST-ZIP **MIAMI FL**

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: Rosalind Merritt Rosalind Merritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01
(305) 651-0222
Date Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90274 005 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)