

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90098 023 \*\*\*150.00

**DOCUMENT # G41158**

1. Entity Name  
**S.W. 124TH STREET PROPERTIES, INC.**

Principal Place of Business Mailing Address  
 8353 SW 124 ST. 8353 SW 124 ST.  
 STE. 205 STE. 205  
 MIAMI FL 33156 MIAMI FL 33156  
 US US



2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.  
~~7900 SW 57th Ave #21~~ ~~7900 SW 57th Ave #21~~

City & State City & State  
**Miami FL Miami FL**

Zip Country Zip Country  
**33143 US 33143 US**

4. FEI Number **59-2352455** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PERLMAN, AARON M MD**  
**8353 S.W. 124 STREET, #205**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name **Michael A. Kaplan, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7900 SW 57th Ave. #21**  
**Miami**  
 City **FL** Zip Code **33143**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Kaplan*  
 Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*8-29-02*

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 13, 2002 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**

TITLE	<b>M</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PERLMAN, AARON M. M.D.</b>	
STREET ADDRESS	<b>8353 SW 124TH ST, #205</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael A. Kaplan, M.D.</b>	
STREET ADDRESS	<b>7900 SW 57th Ave., #21</b>	
CITY-ST-ZIP	<b>Miami FL 33143</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Michael Kaplan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8-29-02* 3056623984  
 Date Daytime Phone #

CFR2034 (4/02)

Attachment

JEAN F. BEREZIN, CPA, P.A.

# 641158  
7900 Southwest 57<sup>th</sup> Avenue, Suite 11  
Miami FL 33143  
305 661 2877  
FAX 305 661 4012  
Email: jberezin@bellsouth.net

August 28, 2002

Uniform Business Report  
Division of Corporations  
P. O. Box 1500  
Tallahassee FL 32302-1500

Re: S.W. 124<sup>th</sup> Street Properties, Inc.

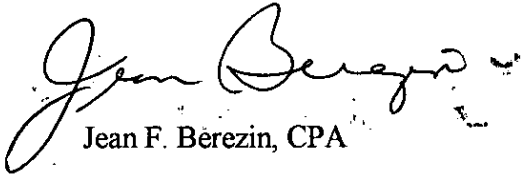
Dear Sir or Madam:

Enclosed is a completed and signed 2002 Uniform Business Report and taxpayer's check in the amount of \$150. The corporation had a change of ownership during the year 2001 and the UBR form was delivered to the new President of the corporation just a few weeks ago. Evidently the form was mailed to the former officer and was inadvertently misplaced. As soon as taxpayer received the form, every effort was made to determine if the payment had already been issued under a duplicate form. Evidently this was not the case.

Therefore taxpayer respectfully requests that the late filing penalty be abated in full.

Please contact me if any additional information is required.

Sincerely,



Jean F. Berezin, CPA

Enclosures