CR2Fn34 (5/01)

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Sep 17, 2001 8:00 am Secretary of State DOCUMENT # H52991 1. Entity Name 09-17-2001 90004 032 \*\*\*150.00 B. DOUGLAS HIND-MARSH, P.A. Principal Place of Business Mailing Address 12780 NORTH BAYSHORE DRIVE 12780 NORTH BAYSHORE DRIVE 10013 MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2667970 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired \*Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIND-MARSH, B.DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 12780 N.BAYSHORE DR. **MIAMI FL 33181** Zip Code City FL 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. SIGI JATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delete TITLE NAME HIND-MARSH. B. DOUGLAS NAME 12780 N. BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 a softeness.

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P.A. 978879 # 452591

ATTORNEY AT LAW

12780 N. BAYSHORE DRIVE

MIAMI, FLORIDA 33181

(305) 893-4930

September9,2001

Supervisor Customer Service Division of Corporations Box 1500 Tallahassee, FL 32302-1500

Re: 59-2667970

Dear Customer Service:

Please be advised I never received my prior mailing that I should have received. The \$550 one attached is the first mailing I received. I thought fees went up so I called and they informed I missed a deadline. I then asked, "How can I miss a deadline when I never got the mail?" Your agent told me to write a letter to the supervisor and attach a check for \$150.00.

While the company is all but defunct, I would like to keep it. I have never missed in 15 years or so it has been in existence so I am hoping I have a little credibility with you. Thank you for your time and please let me know what you decide.

Sincerely yours,