2001	UNIFORM BUSI	NESS REPO	RT (L	JBR)	FILI	E <b>D</b>	_		-
DOCUMENT # M25699  1. Entity Name RALPH MERRITT, JR. & ASSOCIATES, INC.					Jan 18, 2001 08:00 AM Secretary of State				
Principal Plac % RALPH ME 9015 N.W. 13TI MIAMI 33172	RRITT, JR.	Mailing Address % RALPH MERRITT, JR. 9015 N.W. 13TH TERR. MIAMI 33172		FL					
2. Principal Place of Business 9015 N.W. 13TH TERRACE		3. Mailing Address 9015 N.W. 13TH TERRACE			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State	e FL Country	City & State  MIAMI  Zip	Country	FL	4. FEI Number 59-2625038		No	plied For It Applicable	]
33172	,	33172	Country	_	5. Certificate of Status Desired		<b>\$8.75</b> Add Fee Require		
6. Name and Address of Current Registered Agent  MERRITT, RALPH JR. 9015 N.W. 13TH TERR.  MIAMI FL				lame IERRITT Ireet Address ( 015 N.W. 13TH	7. Name and Address of New RALPH, JR. (P.O. Box Number is Not Accepta TERR.		agent		
33172				City		FL	Zip Cod	e	
8. The above	named entity submits_this statement for	the number of changing its re		IIAMI office or registe	red agent or both in the State of		33172		-
SIGNATURE .	RALPH MERRITT, JI Signature, typed or printed name of registered agent a	R		ant signature required		- 01/18/	2001	<u> </u>	-
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Tax files NOW!!!  After MAY 1, 200:  Make Check Payable			1 Fee will	be \$550.00	10. Election Campaign Trust Fund Contribu			<b>0</b> May Be to Fees	
11.	OFFICERS AND		12.	775	ADDITIONS/CHANGES TO C	FFICERS AND		<del></del>	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERRITT, RALPH JR. 9015 N.W. 13TH TERR. MIAMI	□ Delete	NAME STREET AL	DRESS 9015	RITT RALPH, JR. N.W. 13TH TERR. MI	${f FL}$	33172	☐ Addition	5034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MERRITT, RALPH JR. 9015 N.W. 13TH TERR. MIAMI	□ Delete ¸	TITLE NAME STREET AC CITY-ST-	DDRESS 9015	RITT RALPH, JR. N.W. 13TH TERR.	FL	Change 33172	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-	1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AC CITY-ST-2				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-7				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-1	ZIP			Change	Addition	
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and accurate and that my wered to execute this report a							
J. J. I.	SIGNATURE AND TYPED OR P	NAME OF SIGNING OFFICER OF	R DIRECTOR		Date		sytime Phone #		

Date

Daytime Phone #