

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90269 046 ***150.00

0039864 AV

DOCUMENT # P00000059122

1. Entity Name

SIGN LANGUAGE INTERPRETERS, INC. OF SOUTH FLORID



Principal Place of Business

**645 N.E. 67TH STREET
 MIAMI FL 33138**

Mailing Address

**645 N.E. 67TH STREET
 MIAMI FL 33138**

ADD 3850



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

W-1017287

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MICHAELS, JAMES R
 645 N.E. 67TH STREET
 MIAMI FL 33138**

7. Name and Address of New Registered Agent

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

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.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ND
 MICHAELS, JAMES R
 645 N.E. 67TH STREET
 MIAMI FL 33138**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/01

CR2E034 (5/01)

Attachment

ADD83855

Doc # P00000059122

August 28, 2001

Document # P00000059122

Division of Corporations
Tallahassee, Fla.

Gentleman: I want to inform to the Division of Corporations that I just received this Document for the first time for payment of my Corporate Annual Report. I called to your office regarding this payment and was informed that I had to pay back in March 2000 for my Annual Report. I am sorry for this inconvenience, but this is my first year in business, and I did not receive this Document before, I was not aware of this situation. I hope to be favored, and this penalty to be abided, my situation is very hard at this moment, because I just started in this business I teach Sign Language, and I really need your help in my petition, I hope to be favored with this petition, because this will be of a great help to me.

Sincerely yours,

