2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P02000075425 1. Entity Name M. PAUL & ASSOCIATES INC. 04 MAR 22 PM 2: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1051 E. SAMPLE ROAD 1051 E. SAMPLE ROAD POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional Fee Required ZIp 5. Certificate of Status Desired__ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAUL-TYRELL, MARY J 6700 LANDINGS DR. Street Address (P.O. Box Number Is Not Acceptable) **APT. 101** LAUDERHILL, FL 33319 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typhid or printed name of registered agent and title if applicable. (NOTE: Registered Agents ignature required when minstring) DATE \$5.00 May Be 9. Election Campaign Financing May (1-2003) Fee Will be \$550 00 m Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete TOLE ☐ Change Addition TITLE 400030949494 PAUL-TYRELL, MARY J NAME NAME 03/23/04--01108--005 **300.00 6700 LANDINGS DR. STREET ADDRESS STREET ADDRESS LAUDERHILL, FL 33319 CITY-ST-ZIP CHY-ST-7P Delete Change : ☐ Addition TITLE TITLE NAMÉ NAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Delete TALE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-ST-ZP ☐ Addition ☐ Delete TALE ☐ Change TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Addition ☐ Change Delete TALE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cff Y-51-21P CITY-ST-ZP Delete 18LE ☐ Change ■ Addition TITLE NAME NALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NING OFFICER OR DIRECTOR

3/9/04 y 946-1940

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

 UNIFORM BUSINESS REPORT (UBR) 							•	
DOCL	MENT	#P02000075						
1. Entity Name								
M. PÁUL & ASSOCIATES INC.								•
						· . '-		
					A PHOTO			
Principal Place of Business			Mailing Address					
1051 E. SAMPLE ROAD POMPANO BEACH, FL 33064			1051 E. SAMPLE ROAD POMPANO BEACH, FL 33064			•	18. T.	•
						•		
·					-	E REMAIN ME ALL MOTEUR BEMEE MARIE MAREE BATEL M		
2. Principal Place of Business			3. Mailing Address	3. Mailing Address				
			Cuito Ant B ata			TIN ICANI BINI BINI	ITER! BILL IEEL	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number Applied For			
							 	t Applicable
Zip	Zip Country		Zip Count		try	5. Certificate of Status Desired	\$8.75 Add	litional
			4 D = 1 4 = = 1 8 = = 1	<u> </u>			' Fee Hequired	d
	6. Name	and Address of Currer	7. Name and Address of New Registe	red Agent				
PAUL-TYRE		J ,			Name			
6700 LAND APT, 101			Street Address (I		P.O. Box Number is Not Acceptable)		}	
LAUDERHII	LL, FL 333	19						
				l				
•					City		FL Zip Code	e
			for the purpose of changing its	registere	d office or register	ed agent, or both, in the State of Florida.	I am familiar with,	and accept
the obligations of registered agent.								
SIGNATURE								
Signature, synds or printed name of expiritated agent and time if expiritates. (NOTE: Registered Agent signature exquited when existsating) CATE								
	FICE NOW	The early stands				9. Election Campaign Financin	g \$5.0	O May Be
Make Check	Payable	00 Fee Will be 35500 o Floridal Departmen	or State			Trust Fund Contribution.		to Fees
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 N 11
TITLE	P		☐ Delete	Titue	<u> </u>		☐ Change	Addition
NAME	PAUL-TYF	RELL, MARY J		NAM	E			
STREET ADDRESS		DINGS DR.	•		ET ADDRESS			
CITY-ST-ZP	LAUDERF	(ILL, FL 33319		┩	-S1 -21P			
TITLE			☐ Delete	TALE			Change	Addition
NAME STREET ADDRESS	\				ET ADORESS			ļ
CITY-ST-2P	ļ				-51 -2IP			
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Deleje	TITLE			Change	Addition
NAME			·	NAME	·			
STREET ADDRESS	ļ	,			ETADORESS			
CITY-ST-ZIP	ļ				-S1-ZIP			
TITLE	ļ		Delete	TALE NAME			☐ Change	Addition
NAME STREET ADDRESS	ļ				ET ADORESS			
CITY-ST-ZP	[1	-S1-2IP		, 1	
1111.6	 		☐ Delete	1811			☐ Change	Addition
NAME	-			NAZ	٤	•		- {
STREET ADORESS				1	ET ADORESS			
CITY-ST-2P	 				-S1 -Z1P			
TITLE NAME			☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS	-				ET ADDRESS			
CITY-ST-ZIP	1			I I	-51-ZIP	•	•	
12 hereby certify that the information supplied with this filing does not qualify by the examption stated in Section 119 (27/3V). Elorida 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 comporation or the receiver or trustee empowered to execute this report as required by Chanter 607. Florida Statules: and that my name annears in Block 10 or Block 11 if								
changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: X Man Q Pal/Typel = 3/9/04 & 946-8940								
SIGNATURE: 4/WY, 4/1/4/1/4/W/ 5/9/6-1/9/40 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPE OF SIGNATURE AND TYPE OF SIGNATURE AND TYPE OF SIGNATURE OF SI								

February 4, 2004

Florida Dept of State Annual Report filings Division of Corporations PO Box 6327 Tallahassee, Fl 32314

RE: M. Paul & Associates, Inc. 1051 E Sample Road Pompano Beach, FL 33064 Doc # P02000075425

To Whom It May Concern:

I have recently been made aware of the fact that the above named corporation has been administratively dissolved to failure to file a Uniform Business Report. My failure to file this report was an oversight on my behalf and no way was it intentional. I am enclosing the 2003 and 2004 Uniform Business Reports with payment. If this corporation could be reinstated it would be so greatly appreciated. I realize that there could be penalties for reinstatement and those penalties would cause extreme hardship to myself and my company. In a good faith effort I am enclosing both years. Please help me in this situation.

Thank you in advance for your help in this matter.

Very Truly Yours,

Mary J Paul-Tyrell