Pg. lof2

00 MAR 17 PM 3: 03

SECREMBY OF STATE

DOCUMENT # P 93 000084794 1. Entity Name North IAMI BEACH COUNSELORS, INC.							
Principal Place of Business 9350 W. BAY HARBOL DR BAY HARBOL, FL 33154	Mailing Address C/O H. FRIEDMAN CPA //YLO WAYNE DL COOPER CITY FL 33.026						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						

					PATELATIANSSE	E. FLO	₹IÃ∆	
Principal Place of Business 9350 W. BAY HARBOR DR COOPER CITY, A			ENEOMAN CPA				ກ່ວຍ	
BAY A	FARBOR FL 33NY	11420 WA	YNE UN					
J.,		Coopen C	174 A 33.1	6	·			
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		7. Name and Ad	Idress of New Registered A	gent		
CAROL FASS			Name	The same of the sa				
9256 W. BAY HARRA DR			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
BAY HARBON, PL 33154								
phy times size, a series		City	FL Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	stered agent, or both, in	n the State of Florida.	-t		
SIGNATURE .	Carol Fax	& SMNC			3-12-0	0_		
	Signature, typed or printed name of registered agent a	Carte M. State South State of Carte Cart The State of the Cart of Carte Cart.	E: Registered Agent signature req	uired when reinstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 20	III FEE IS \$150.00 100 Fee will be \$550.0 ble to Department of :	Trust F	on Campaign Financing Fund Contribution.		0 May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ADDITIONS/CH	ANGES TO OFFICERS AND I	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAROL FASS 9350 W. BAY HAR BAY IHARBOR, FL	□ Delete BOR PA 33/54	TITLE NAME STREET ADDRESS CITY-SI-ZIP	10	00001992 -04/07/0001 ****815,00	10030		
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		,	NAME STREET ADDRESS					
CITY-ST-ZIP TITLE		□ Dalata	CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		∟ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	□ Cuange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · - ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL FASS

305-933-99-63

North Miami Beach Counselers Inc

MARCH 1, 2000

DIVISION OF CORPORATIONS P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: N. MIAMI BEACH COUNSELORS, INC. P93000084794

GENTLEMEN:

WE ASK YOUR INDULGENCE IN ACCEPTING THE ENCLOSED FEE TO BRING OUR CORPORATION UP TO DATE AS TO THE PAYMENT OF THE FILING FEES FOR THE ANNUAL REPORTS. THE ANNUAL FEE WAS NOT PAID IN THE PAST BECUASE THE REPORTS WERE GOING TO A NON-EXISTANT ADDRESS. WE HAVE NO EXPLANATION AS TO THE REASON FOR THE ADDRESS OF 2110 BISCAYNE BLVD., N. MIAMI BEACH, FL., BEING IN YOUR FILES.

OF COURSE, NOT FILING AND PAYING IS NOT AN EXCUSE, BUT WE WERE TRULY NOT AWARE OF THE FORM OR FEE AND AS YOU CAN SEE, WE DID NOT RECEIVE ANY CORRESPONDENCE FROM YOUR OFFICE.

WE HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$815.00 TO COVER THE FILING FEES FROM 1996 TO PRESENT.

THANK YOU FOR YOUR CONSIDERATION IN THIS REGARD. PLEASE NOTE OUR CORRECT ADDRESS AND LET US KNOW WHAT YOUR DECISION WILL BE.

SINCERELY,

CAROL FASS, PRESIDENT

9350 W. Bay Harbor Dr. Bay Harbor Bay Harbor, Florida 33154