## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 29, 2002 8:00 am Secretary of State P95000016333 **DOCUMENT #** 05-29-2002 90686 024 \*\*\*150.00 MORNINGSIDE PUBLISHING CORP. Principal Place of Business Mailing Address P.O. BOX 170925 4432 N.W. 185 STREET OPA LOCKA FL 33055 HIALEAH FL 33017 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 65-0558196 Not Applicable Country Zip Zip Country \$8.75 Additional 5.-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TABSCH, MARIE Street Address (P.O. Box Number is Not Acceptable) 4432 N.W. 185 STREET OPA LOCKA FL 33055 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) **PSD** ☐ Change Addition ☐ Delete TITLE TITLE TABSCH, MARIE NAME NAME 4432 N.W. 185 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33055 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Date

Daytime Phone #

Attachnest t+ pgs 000016333 116428

## Morningside Publishing Corporation

4432 NW 185<sup>th</sup> Street Opa Locka, Florida 33055

May 24, 2002\_

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Filing 2002 Uniform Business Report FEI Number 65-0558196 Dear Sir/Madame,

I am the President and registered agent of Morningside Publishing Corporation. I am a very small corporation and the only person that can sign a check. I have endured major surgery and have had a lot of complication with my surgery and severe wound infection that required extensive critical care. Therefore, I was not able to file the report on time. I would appreciate if you would wave the penalty. I am a very small business which has endured critical loses due to my illness and the economical situation after September 11<sup>th</sup>.

Sincerely,

Marie Tabsch Tabel