

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90001 035 ***150.00

DOCUMENT # P95000047745

1. Entity Name
MERILORE, INC.

R

Principal Place of Business

1625 N COMMERCE PKWY
 SUITE 225
 WESTON FL 33326

Mailing Address

1625 N COMMERCE PKWY
 SUITE 225
 WESTON FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0562044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAPIRO, MEREDITH C
1625 N COMMERCE PKWY
SUITE 225
WESTON FL 33326

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 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
P
 NAME **SHAPIRO, MEREDITH L.**
 STREET ADDRESS **1625 N COMMERCE PKWY., SUITE 225**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

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TITLE Change Addition
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 STREET ADDRESS
 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:

Meredith C. Shapiro
Meredith C. Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/00

Daytime Phone #

954 6804708

CR2E034 (5/00)

Attachment
D/P 950000477
0073638

JAY SHAPIRO & ASSOC's, PA
CERTIFIED PUBLIC ACCOUNTANTS

1625 N. COMMERCE PARKWAY
SUITE 225
WESTON, FLORIDA 33326

EMAIL: JAYSHAPCPA@AOL.COM
WEBSITE: JAYSHAPIROCPA.COM

MEMBER: AMERICAN & FLORIDA
INSTITUTES OF CERTIFIED
PUBLIC ACCOUNTANTS

BROWARD (954) 385-6616
DADE (305) 854-9989
FAX (954) 385-6631

July 13, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: Merilore, Inc.
Document # P95000047745
EIN # 65-0562044

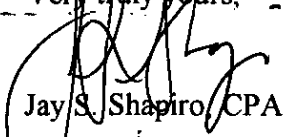
Dear Sir or Madam:

We have been requested by the above-mentioned taxpayer to respond to your notice of filing the 2000 Uniform Business Report (copy attached). The taxpayer was traveling on business quite frequently during the months of January through May and did not receive the first notice of the Business Report.

Please be advised that this is an isolated incident for the taxpayer as should be reflected in the payment history of the taxpayer. Therefore, the taxpayer is enclosing the \$150 registration fee. We respectfully request that the Department accept the taxpayer's annual report without assessing the late fee.

Please contact the undersigned with any further correspondence regarding this matter.

Very truly yours,



Jay S. Shapiro, CPA

cc. Ira Cohen