

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000047745

1. Entity Name
MERILORE, INC.

R

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

07-25-2000 90001 035 ***150.00

Principal Place of Business 1625 N COMMERCE PKWY SUITE 225 WESTON FL 33326	Mailing Address 1625 N COMMERCE PKWY SUITE 225 WESTON FL 33326
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, MEREDITH L. 1625 N COMMERCE PKWY., SUITE 225 WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Meredith C. Shapiro **Meredith C. Shapiro** ✓ 7/12/00 ✓ 954 6804708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

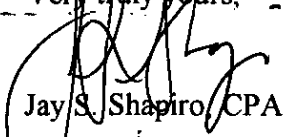
Dear Sir or Madam:

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