

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90090 040 ***150.00

DOCUMENT # P95000062432

1. Entity Name

LAW OFFICES OF FREED & MERSKY, P.A.

Principal Place of Business

**19 WEST FLAGLER STREET STES 502-503
 MIAMI FL 33130**

Mailing Address

**19 WEST FLAGLER STREET STES 502-503
 MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0596904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**FREED, DAVID
 19 WEST FLAGLER STREET STES 502-503
 MIAMI FL 33130**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FREED, DAVID**
 CITY-ST-ZIP **19 WEST FLAGLER STREET STES 502-503
 MIAMI FL 33130**

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **FREED, DAVID B**
 CITY-ST-ZIP **19 WEST FLAGLER STREET STES 502-503
 MIAMI FL 33130**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. FREED 9/14/02 (305) 358-5292

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

The Law Offices of
Freed and Mersky, P.A.

#P95000062432
125661

David B. Freed, Esq.

Scott A. Mersky, Esq.

Sanford Freed, Esq.

of counsel

The Biscayne Building
19 W. Flagler Street

Suites 502-503

Miami, FL 33130

Tel: (305) 358-5297

Fax: (305) 358-5308

September 12, 2002

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 2002 annual Corporate Report.

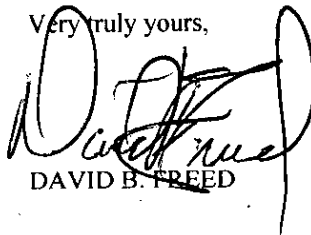
Gentlemen:

I am embarrassed to say that it has just been brought to my attention that my 2002 annual corporate report was not timely filed. It has further been brought to my attention that as a result thereof there is a \$550.00 fee that is currently due. The report certainly would have been filed in time were it brought to my attention earlier, however we have had a rather chaotic year in this office and unfortunately the report was buried in a mountain of paperwork.

In short, this was responsible for the clerical oversight which resulted in non filing and non payment. The report was just recently uncovered and we realized that it hadn't been paid.

Pursuant to instructions received from one of the representatives in your department I am herewith tendering my check in the amount of \$150.00 together with my report and respectfully request that the penalty be waived. I sincerely apologize for this oversight and would appreciate your favorable consideration.

Very truly yours,


DAVID B. FREED

DBF/dm