

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90089 016 ***150.00

DOCUMENT # P95000075132

1. Entity Name

MORTON RESEARCH COMPANY OF MERRICK, INC.



Principal Place of Business

**7100 WEST CAMINO REAL
 #203
 BOCA RATON FL 33433**

Mailing Address

**7100 WEST CAMINO REAL
 #203
 BOCA RATON FL 33433**

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

11-2602137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEMPEL, HELENE
 7100 WST CAMINO REAL STE 203
 BOCA RATON FL 33433**

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)

8-31-00

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 **P** ☐ Delete
 NAME **STEMPEL, HELENE**
 STREET ADDRESS **7100 WEST COMINO REAL, #203**
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

attachment #1 p950000 75132
A0075387



7100 W Camino Real • Boca Raton, FL 33433
Ph (561) 361- 2866 • Fax (561) 361- 2833

August 31, 2000

Division of Corporations

Dear Sir:

This form was just received this week and a \$550 filing fee including \$\$400 penalty is not fair because we just received this form. We are a very small company and have paid this on time every year. We are not able to pay this entire bill now. We have spoken with one of your representatives who instructed us to send the original filing fee (enclosed) along with our explanation. Please accept this, as we are small company and are not able to pay entire bill now.

Thank you very kindly for your help.

Yours truly,

A handwritten signature in cursive script, appearing to read 'Helene Stempel', is written over the typed name.

Helene Stempel