


FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90002 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>99600000559</i>	
1. Entity Name: <i>SUSAN FRIED ASSOCIATES</i>	

DO NOT WRITE IN THIS SPACE

54063760

2. Principal Place of Business <i>1875 NE 197 Terrace</i>		3. Mailing Address		4. FEI Number <i>65-0626527</i>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <i>North Miami Beach</i>		Suite, Apt. #, etc.			
City & State		City & State <i>FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <i>33179</i>	Country <i>Miami-Dade</i>	Zip <i>33179</i>	Country <i>USA</i>		

DO NOT WRITE IN THIS SPACE

FRIED, SUSAN 1875 NE 197TH TERRACE N MIAMI BEACH, 33179	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE <i>President-Director</i>	NAME <i>SUSAN FRIED</i>	TITLE	
STREET ADDRESS <i>1875 NE 197 Terrace</i>	CITY-ST-ZIP <i>North Miami Beach, FL 33179</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Fried* **7/6/04** **305-778-2210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Duration (Years)

CR2FD34B 112/023

Attachment

54063760
P 9600000559

SUSAN FRIED
1875 NE 197 TERRACE
NORTH MIAMI BEACH, FLORIDA 33179

July 14, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it May Concern:

The notice to pay this renewal fee was mailed to the wrong address (note attachment). It was forwarded to me yesterday and I called your office this morning. My instructions were to fill out this application and send a check for \$150.00 (attached).

Thank you.

Sincerely,



Susan Fried
305-778-2210