

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90005 004 \*\*\*150.00

0020321 AV

**DOCUMENT # P96000057753**

1. Entity Name

**NATHANIEL WECHSLER, C.P.A., P.A.**

Principal Place of Business

**14531 ROSEWOOD RD  
 MIAMI LAKES FL 33014  
 US**

Mailing Address

**14531 ROSEWOOD RD  
 MIAMI LAKES FL 33014  
 US**

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 **65-0682106**

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

**WECHSLER, NATHANIEL CPA  
 14531 ROSEWOOD ROAD  
 MIAMI LAKES FL 33014**

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 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE **P** ☐ Delete  
 NAME **WECHSLER, NATHANIEL CPA**  
 STREET ADDRESS **14531 ROSEWOOD ROAD**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE ☐ Delete  
 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)(l), 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: NATHANIEL WECHSLER CPA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/01 (305) 821-2496  
 Date Daytime Phone #

CR2E034 (5/01)

NAT WECHSLER, C.P.A., P.A.

attachment  
OFF # 8960057753



14531 Rosewood Rd, Miami Lakes, Fla. 33014  
Phone (305) 821-2496 Fax (305) 512-4205

July 2, 2001

Florida Department of State  
P. O. Box 6327  
Tallahassee, Fl. 32399

Re: Reinstatement

Gentlemen:

Enclosed is Form 2001 Uniform Business Report and our check for \$150.00. Please be advised that we did not receive the original notice sent in January. Our address is the same as in prior years.

Our records indicate that we have always filed and paid the tax in a timely manner. As a C.P.A. I am certainly aware of the importance of the timely filing of all tax returns.

We respectfully request your acceptance of the enclosed return and check and excuse our delay due to not having received the form when originally sent.

Your attention and cooperation is greatly appreciated.

Very truly yours,

Nathaniel Wechsler, C.P.A.