

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA0000003964**

1. Entity Name

LAW office of MERL BURSTYN & ASSOCIATES PA

Principal Place of Business

Mailing Address

**44 W Flagler St #2200
Miami, FL 33138**

Same

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

59-571561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MERL DARYL L.
44 W Flagler St Suite 2200
Miami FL 33138**

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

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!!
After MAY 1, 2001
Make Check Payable**

**FEE IS \$150.00
Fee will be \$550.00
to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PP	<input type="checkbox"/> Delete
NAME	MERL DARYL L.	
STREET ADDRESS	44 W Flagler St Ste 2200	
CITY-ST-ZIP	Miami FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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

Date

Daytime Phone #

5/21/01 305 372-8535

CR2E034 (11/00)



Attachment
D#P9600083964
A0372494

MERL, BURSTYN & ASSOCIATES, P.A.

DARYL L. MERL
DAVID H. BURSTYN
JONATHAN R. FRIEDLAND

• • •
ELKINS AND FREEDMAN
OF COUNSEL

SUITE 2200 COURTHOUSE TOWER
44 WEST FLAGLER STREET
MIAMI, FLORIDA 33130

MIAMI (305) 372-8535
BROWARD (954) 779-3441
FAX (305) 371-9603

Web Site: www.lawyers.com/merlbur

E-Mail: lawmerl@aol.com

April 26, 2001

Department of State
Annual Reports Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: P96000083964

To Whom it may concern:

Enclosed is our check #6829 in the amount of \$150.00 to be applied to the Annual Report. We never received the form for this year.

Please review your records and advise the status our form.

Sincerely,


Daryl L Merl

DLM:mg