

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

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90035 034 \*\*\*158.75

DOCUMENT # P97000050425 ✓

1. Entity Name

Morgenthau & Associates, Inc.

**DO NOT WRITE IN THIS SPACE**

823215

2. Principal Place of Business

100 SE 3rd Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 2504

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

4. FEI Number

65-0770942

Applied For

Not Applicable

Zip

33394

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Richard Andzel

Street Address (P.O. Box Number is Not Acceptable)

100 SE 3rd Ave

One Financial Plaza, Suite 2504

City

Fort Lauderdale FL

Zip Code

33394

**DO NOT WRITE  
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Director  
Anthony R. Morgenthau  
One Financial Plaza #2504  
Fort Lauderdale, FL 33394

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

2/5/02 954 4630501

CR2E034B (12/01)