

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90092 037 \*\*\*150.00

0036434 AV

**DOCUMENT # P98000057833**

1. Entity Name

**LAW OFFICES OF MICHAEL E. HILL, P.A.**

Principal Place of Business

601 BRICKELL KEY DR STE 507  
 MIAMI FL 33131  
 US

Mailing Address

601 BRICKELL KEY DR STE 507  
 MIAMI FL 33131  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

507

Suite, Apt. #, etc.

507

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0859469**

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

**HILL, MICHAEL E**

601 BRICKELL KEY DR STE 507  
 MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Michael E Hill*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/02

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DP  
**HILL, MICHAEL E**  
 7504 S.W. 78TH TERRACE  
 MIAMI FL 33143

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Michael E Hill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 305-374-3400

CR2E034 (4/02)

*Attachment*  
*871913*  
*#P98000057833*

LAW OFFICES OF  
**MICHAEL E. HILL**  
PROFESSIONAL ASSOCIATION

111 S.W. 3<sup>rd</sup> STREET  
McCORMICK BUILDING  
PENTHOUSE  
MIAMI, FLORIDA 33130

TELEPHONE (305) 358-8600  
FAX (305) 358-7874

September 12, 2002

Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Re: Waiver of \$400.00 Late Filing Fee

Dear Sir or Madam:

I hereby request waiver of the \$400.00 late fee for this company. I had to move my offices earlier this year for several months, and while my mail was forwarded by the post office, I did not in fact receive the first statement from you.

I believe that I qualify for the waiver of the penalty, and respectfully request that I be granted same. Please advise if additional information is required in this regard.

Please note that I am moving back to my old building soon, and my revised address is included on the enclosed annual report.

Very truly yours,

*Michael E. Hill*  
Michael E. Hill