

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90339 007 ***150.00

DOCUMENT # **P98000066229**

1. Entity Name
BETH NELSON, APR INC.

Principal Place of Business
**15436 S.W. 146TH TERRACE
MIAMI FL 33196**

Mailing Address
**15436 S.W. 146TH TERRACE
MIAMI FL 33196**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0855695**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZIMMERMAN, MICHAEL J CPA
13320 S.W. 128TH STREET
MIAMI FL 33186**

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

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 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

TITLE ☐ Delete
NAME **D NELSON, BETH**
STREET ADDRESS **15436 S.W. 146TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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: **BETH NELSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02 (305) 445-4944
Date Daytime Phone #

CR2E034 (4/02)

Attachment
Document #

Beth Nelson, APR Inc.
15436 SW 146 Terrace
Miami, FL 33196
(305) 234-4121

P98000066229

July 18, 2002

Florida Department of State
Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I have just received the enclosed notice and invoice for \$550 for my annual incorporation fee. However, I never received my annual report package in January with the usual invoice for \$150. As a result, I did not realize that this amount was due.

I have consistently paid this fee on time every year, in fact I usually pay it early. I am requesting that you give me a one-time waiver of the penalty this year.

I have enclosed the form and my check for \$150. I would appreciate your consideration in this matter. I am a small S-Corp. and cannot afford to pay \$550. I have already marked in my calendar a reminder for next year.

Thanking you in advance.

Sincerely,



Beth Nelson, APR
President