

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90478 034 ***150.00

DOCUMENT # P99000002239

1. Entity Name

MESNICK & GARFIELD, INC.

Principal Place of Business

Mailing Address

% COMPUKEEPER
1446 NW 2ND AVE. #105
BOCA RATON FL 33432

% COMPUKEEPER
1446 NW 2ND AVE. #105
BOCA RATON FL 33432

2. Principal Place of Business

1051 Hillsboro Mile

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hillsboro Mile, FL

City & State

4. FEI Number **65-0884879**

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

Country

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

GARFIELD, EDWARD
% COMPUKEEPER
1446 NW 2ND AVE, #105
BOCA RATON FL 33432

Name

Edward Garfield

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

1051 Hillsboro Mile

City

Hillsboro Mile

FL

Zip Code

33062

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 ☒

Edward D. Garfield

3/6/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
NAME **MESNICK, RICHARD**
STREET ADDRESS **1051 HILLSBORO MILE**
CITY-ST-ZIP **HILLSBORO MILE FL 33062**

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

TITLE **D** ☐ Delete
NAME **GARFIELD, EDWARD**
STREET ADDRESS **1051 HILLSBORO MILE**
CITY-ST-ZIP **HILLSBORO MILE FL 33062**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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)(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: ☒

Edward D. Garfield

Edward Garfield, Pres

3/6/01

954-946-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)