

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017797

1. Entity Name

HALPERN & ASSOCIATES FINANCIAL, INC.

Principal Place of Business

Mailing Address

MIAMI BEACH FL 33139

MIAMI BEACH FL 33139-3301

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

Applied For

Not Applied For

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

MARCUS, SCOTT A ESQ.  
2666 TIGERTAIL AVE., STE. 101  
COCONUT GROVE FL 33133

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, 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 \$150.00**  
**After MAY 1, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PVST  
HALPERN, JILL  
~~1521 ALTON RD, STE 202~~  
MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Add

-1674 Meridian - Ste 302

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
HALPERN, JILL  
~~1521 ALTON RD, STE 202~~  
MIAMI BEACH FL 33139

☐ Delete

TITLE  
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CITY-ST-ZIP

☒ Change ☐ Add

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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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90058 024 \*\*\*150.00

853111



DO NOT WRITE IN THIS SPACE

65-0903399

4/4/00

4/6/00 305-535-2