

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017797

1. Entity Name
HALPERN & ASSOCIATES FINANCIAL, INC.

Principal Place of Business

1674 MERIDIAN AVE
#302
MIAMI BEACH FL 33139

Mailing Address

1674 MERIDIAN AVE
#302
MIAMI BEACH FL 33139

2. Principal Place of Business

333 ARTHUR GODFREY ROAD

Suite, Apt. #, etc.

410

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

3. Mailing Address

333 ARTHUR GODFREY RD

Suite, Apt. #, etc.

410

City & State

MIAMI BEACH, FL

Zip

33140

Country

USA

6. Name and Address of Current Registered Agent

MARCUS, SCOTT A ESQ.

~~2000 TIGERTAIL AVE., STE. 107~~
~~COCONUT GROVE FL 33133~~

Miami, FL 33131

300 Biscayne Blvd. Way #1111

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.

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HALPERN, JILL 1674 MERIDIAN AVE #302 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, JILL 1674 MERIDIAN AVE #302 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
333 ARTHUR GODFREY ROAD #410 MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
333 ARTHUR GODFREY ROAD #410 MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01 305-535-2230

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90051 023 ***150.00

C0045278



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0903399**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)