

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90067 014 ***150.00

0316923 AV

DOCUMENT # P990000082928

1. Entity Name

MOGERMAN, O'LEARY & PATEL, II, INC.

Principal Place of Business

**701 N.W. 19TH STREET, #100
 FT. LAUDERDALE FL 33311**

Mailing Address

**701 N.W. 19TH STREET, #100
 FT. LAUDERDALE FL 33311**

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

65-0949861

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

**SAAVEDRA, DAMASO W
 312 S.E. 17TH STREET, 2ND FLOOR
 FORT LAUDERDALE FL 33316**

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!!! FEES \$150.00
 After May 1, 2002 Fees 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MOGERMAN, IRWIN R**
 STREET ADDRESS **10074 S.W. 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33324**

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **O'LEARY, MICEAL**
 STREET ADDRESS **3471 N. FEDERAL HIGHWAY, #601**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PATEL, PRAKASH**
 STREET ADDRESS **701 N.W. 19TH STREET, #100**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the option 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:

PRAKASH PATEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DPR

2/5/02

Date

954214 3830

Daytime Phone #

CR2E034 (9/01)