

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90198 040 \*\*\*150.00

**DOCUMENT #** S35685

**1. Entity Name**

MORGENSTERN INTERNATIONAL, INC.



626063

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
3700 Airport Road  
Suite 307  
Boca Raton, FL 33431  
US

**Mailing Address**  
3700 Airport Road  
Suite 307  
Boca Raton, FL 33431  
US

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
2200 Corporate Blvd. N.W.  
Suite, Apt. #, etc.  
Suite 401

**City & State**  
Boca Raton, FL

**City & State**  
Boca Raton, FL

**4. FEI Number**  
65-0252605

**Applied For**  
Not Applicable

**Zip**  
33431

**Country**  
US

**Zip**  
33431

**Country**  
US

**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**

HCRM CORP.  
2200 Corporate Blvd. N.W., Suite 401  
Boca Raton, FL 33431

**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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** Morgenstern, Richard L.  
**STREET ADDRESS** 3700 Airport Road, Suite 307  
**CITY-ST-ZIP** Boca Raton, Florida 33431

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**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:**

*Richard L. Morgenstern*

Richard L. Morgenstern

12/11/01  
561.620.8450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #