

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

06-24-2002 90302 001 *****8.75
06-24-2002 90302 002 ***150.00

DOCUMENT # **554642**
1. Entity Name **MORTAN PARKER INC**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1915 S Biscayne Blvd**
Suite, Apt. #, etc. **Unit**
City & State **Aventura FL**
Zip **33180** Country **USA**
3. Mailing Address **Same**
Suite, Apt. #, etc. **Same**
City & State **Aventura FL**
Zip **33180** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **650263618**
Applied For ☐
Not Applicable ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Tim Powers**
Street Address (P.O. Box Number is Not Acceptable) **417 Bontemps Ave**
City **Ft Lauderdale** FL Zip **33301**

**DO NOT WRITE
IN THIS SPACE**

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 reinsuring)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President Eric Gittler 417 Bontemps Ave Ft Ldva FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/02 **305 936 9901**
Date Daytime Phone #

CR2E034B (12/01)

Attachment

June 19, 2002

94400

#S54642

State of Florida
• Division of Corporation
Uniform Business Report Dept.
• 409 East Gaines St
Tallahassee, Florida 32399

Re: State of Florida Uniform Business Report for Morgan Parker, Inc. Fed I.D. # 65
0263618

To Whom It May Concern:

I am attaching the annual report return for Morgan Parker, Inc., together with a check for \$ 150.00. I hereby request an abatement of the penalty as I never received the Uniform Business Report for the current year. I have never been late in all the years this company has been incorporated and I apologize for any inconvenience this has caused. The address the form should be mailed to is:

Tim Powers
Agent for Company
417 Bontona Avenue
Ft. Lauderdale, Florida 33301

Please call me directly at 305 936 9901 ext 12 with any questions.

Thank you,



• Eric Gottlieb
President
Morgan Parker, Inc.