

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90124 005 \*\*\*150.00

**DOCUMENT # S54642**

1. Entity Name  
**MORGAN PARKER, INC.**



Principal Place of Business  
**19495 BISCAYNE BLVD  
SUITE 411  
NORTH MIAMI BEACH FL 33180  
US**

Mailing Address  
**19495 BISCAYNE BLVD  
SUITE 411  
NORTH MIAMI BEACH FL 33180  
US**



2. Principal Place of Business  
**1290 Weston Road  
Suite, Apt. #, etc. Weston, FL  
City & State Suite 216**

3. Mailing Address  
**1290 Weston Rd  
Suite, Apt. #, etc. Weston, FL  
City & State Suite 216**

☐ CHECK HERE IF MAKING CHANGES

Zip **33326** Country **USA**

Zip **33326** Country **USA**

4. FEI Number **65-0263618**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**POWERS, TIM  
417 BUNTUNA AVENUE  
FT LAUDERDALE FL 33180**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1290 Weston Road Suite 216  
Weston, FL 33326 FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

**1/10/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE **P** ☐ Delete  
NAME **GOTTLIEB, ERIC**  
STREET ADDRESS **417 BUNTUNA AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**NOT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/10/03 954 653 110V**

Date

Daytime Phone #

CR2E034 (10/02)