2001 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # V62049. TEMBE OZERY, RPTPA				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address 10371 W. SAMPLED 10371 W. SAMPLED COERT SPEINGS, FT 33065				OIAPR-6 PM 4:12
Principal Place of Business 3. Mailing Address			<u></u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee:Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
	ACK, MARC	2825 Univer SUITE 350 Coral Spring	Street Addre	ess (P.O. Box Number is Not Acceptable)
8 The above	named entity submits this statement for t	3007	Oity	FL Zip Code istered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or pr fight name of registered agent and title if applicable. (NOTE: Registered Agent signature regist				
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. Added to Fees				
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRES. CITY-ST-ZIP	Design	□ Delete	· TITLE NAME STREET ADDRESS CITY-ST-ZIP	700040030分配
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s v sp.*	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	700004008737 — Addition B 5 -04/13/0101087026
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS* CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME , STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO-OI Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

3-30-01 954341009(

2050

March 19, 2001

To Whom It May Concern:

I would like to request that you waive the reinstatement fee for the Corporation of Tamar Ozery, RPT PA EIN#65-0359212. I never received the 2000 Annual report or the 2001 Annual report. I called and requested the 2001 report and was given the enclosed notice. You will note that the 1998 and 1999 Annual reports were paid as soon as they were received. I ask that you waive the \$900 reinstatement fee and accept the \$300 for 2000 and 2001.

If you have any questions please call me at 954-341-5589. Please note my new address of Tamar Ozery - - - -

6505 NW 74 Dr

Parkland, Fl 33067 or my business address:

Tamar Ozery, RPT PA 10371 W. Sample Dr. Coral Springs, FL 33065

Thank you for your consideration in this matter.

Sincerely,

Tamar Ozery, RPT P. A.

EDT P.A