2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025549

1. Entity Name

ROGER S. KOBERT, P.A.

FILED
Mar 25, 2000 8:00 am
Secretary of State
03-25-2000 90015 012 ***150.00

Principal Place of Business	Mailing Address
200 S BISCAYNE BLVD STE 4750 MIAMI FL 33131 US	200 S BISCAYNE BLVD STE 4750 MIAMI FL 33131-2303 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 S. BISCAYNE BLVD.	201 S. BISCAYNE BLVD
Suite, Apt. #, etc. SUITE 1500	Suite, Apt. #, etc. SUITE 1500
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country US	Zip 33131 Country US

4. FEI Number 65-0568982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOBERT, ROGER S ESQ.
200 S BISCAYNE BLVD
STE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD.
SUITE 1500
City MIAMI FL Zip Code 33131

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!!! FEE IS $150.00
After MAY 1, 2000 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBERT, ROGER S 7640 SW 125 ST PINE CREST FL 33156	☐ 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
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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: ROGER S. KOBERT 3/20/00 305/358-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #