

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 14, 2000 8:00 am  
Secretary of State  
04-14-2000 90002 019 \*\*\*150.00

DOCUMENT # **P97000049056**  
Entity Name  
**1909 Land Corp.**

Principal Place of Business  
**2909 E. Commercial Blvd  
Ft. Lauderdale, FL 33308**

Mailing Address  
**2800 E. Commercial Blvd  
St. 208  
Ft. Lauderdale, FL 33308**

3. Mailing Address  
**2800 E. Commercial Blvd  
St. 208  
Ft. Lauderdale, FL 33308**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33308**

Country  
**USA**

4. FEI Number  
**65-0754937**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**Allen H. Katz  
2800 E. Commercial Blvd Ste 208  
Ft. Lauderdale, FL 33308**

7. Name and Address of New Registered Agent

Name  
**Allen H. Katz**

Street Address (P.O. Box Number is Not Acceptable)  
**2800 E. Commercial Blvd Ste 208**

City  
**Ft. Lauderdale** FL Zip Code  
**33308**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>PS KOHLER WILFRIED 2909 E. Commercial Blvd Ft. Lauderdale, FL 33308</b>			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X [Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **4-5-00** Daytime Phone #

CR2E034 (9/99)