

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V24800**

1. Entity Name

**KIRSNER CAMBRIDGE PROPERTIES, INC.**

**FILED**

00 JAN 18 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2255 GLADES ROAD  
SUITE 419  
BOCA RATON FL 33431  
US

2255 GLADES ROAD  
SUITE 419  
BOCA RATON FL 33431-7382  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0331453**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRSNER, MARVIN A**  
**2255 GLADES ROAD**  
**SUITE 419**  
**BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **DP**  Delete  
NAME **KIRSNER, HYMAN A.**  
STREET ADDRESS **34 STAR ISLAND**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE  Change  Addition  
NAME **000003114200-3**  
STREET ADDRESS **-01/28/00--01042--008**  
CITY-ST-ZIP **\*\*\*150.00 \*\*\*150.00**

TITLE **DVPS**  Delete  
NAME **KIRSNER, MARVIN A.**  
STREET ADDRESS **2255 GLADES RD, SUITE 419**  
CITY-ST-ZIP **BOCA RATON FL 33431**

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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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 OFFICER OR DIRECTOR

1/10/00

Date

561-912-32

Daytime Phone #