

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90029 013 ***550.00

DOCUMENT # V24800

1. Entity Name

KIRSNER CAMBRIDGE PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5100 Town Center Circle

3. Mailing Address
5100 Town Center Circle

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip
33486

Country
U.S.A.

Zip
33486

Country
U.S.A.

4. FEI Number
65-0331453

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Marvin A. Kirsner

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

5100 Town Center Circle, Suite 400

City Boca Raton

FL

Zip Code
33486

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/18/03

DATE

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
Kirsner, Hyman A.
34 Star Island, Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVPS Kirsner, Marvin A.
5100 Town Center Circle, Suite 400
Boca Raton, Florida 33486

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/03

Date

Daytime Phone #

CR2E034B (12/02)