2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P00000109760 1. Entity Name THE KOZLOWSKI LAW FIRM, P.A. 04-30-2001 90363 003 ***150.00 Mailing Address Principal Place of Business 1666 79TH STREET - SUITE 703 1666 79TH STREET - SUITE 703 JOHN F. KENNEDY CAUSEWAY JOHN F. KENNEDY CAUSEWAY U0055131 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141 3. Mailing Address 2. Principal Place of Business 927 LINCOLN 927 LINCOLN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 208 208 Applied For 4. FEI Number City & State City & State 65-1056706 Not Applicable Besch MISMI BEACH IMAIM Country Zip \$8.75 Additional 5. Certificate of Status Desired **سک** 4 osa 33139 33139 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kozlowski KOZLOWSKI, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 1666 79TH STREET - SUITE 703 JOHN F. KENNEDY CAUSEWAY NORTH BAY VILLAGE FL 33141 Zip Code miami Beach 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. > Steven Kozlowiki (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS DIMENTON PRESIDET Change ☐ Addition ☐ Delete TITLE TITLE حيود المعلما الدر NAME 927 LINGOL- Rd Ste 208 NAME KOZLOWSKI, STEVEN R STREET ADDRESS STREET ADDRESS 1666 79TH STREET - SUITE 703 Mismi Beach FC 33139 CITY-ST-ZIP CITY-ST-ZIP NORTH BAY VILLAGE FL 33141 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 will all other like empowered.