

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90026 016 ***150.00

0172142

DOCUMENT # 455497

1. Entity Name

DR. MARTIN E. KARNS, PROFESSIONAL ASSOCIATION

Principal Place of Business

**333 ARTHUR GODFREY ROAD
 MIAMI BEACH FL 33140**

Mailing Address

**333 ARTHUR GODFREY ROAD
 MIAMI BEACH FL 33140**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address **40 Tescher, Charles**

2101 Corporate Blvd.

Suite, Apt. #, etc.

Suite 107

City & State

Boca Raton FL

Zip

33431

Country

Palm Beach

4. FEI Number **59-1538671**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**M & W AGENTS, INC.
 2101 CORPORATE BLVD
 STE 107
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **PD** ☐ Delete
 NAME **KARNS, DR. MARTIN E.**
 STREET ADDRESS **333 ARTHUR GODFREY RD.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **S** ☐ Delete
 NAME **KARNS, FERNE**
 STREET ADDRESS **333 ARTHUR GODFREY RD.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **T** ☐ Delete
 NAME **KARNS, FERNE**
 STREET ADDRESS **333 ARTHUR GODFREY RD.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **Martin E. Karns**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01 305-531-5446

CR2E034 (10/00)