2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # 554344 1. Entity Name KURZBAN, KURZBAN & WEINGER, P.A. Principal Place of Business Mailing Address 2650 S.W. 27TH AVE., 2650 S.W. 27TH AVE., 2ND FLOOR MIAMI FL 33133 2ND FLOOR MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1778659 Not Applicable Zιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KURZBAN, IRA J. Street Address (P.O. Box Number is Not Acceptable) KURZBAN, KURZBAN & WEINGER P.A., 2650 SW 27TH AVE., 2ND FL., **MIAMI FL 33131** City 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. 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, Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delele TITI F Change Addition WEINGER, STEVEN M NAME NAME U00000054640 STREET ADDRESS 2650 SW 27TH AVE, 2ND FL STREET ADDRESS 02/17/04-80004-018 150.00 CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP VSD TITLE Delete TITLE Change ☐ Addition KURZBAN, IRA J NAME NAME STREET ADDRESS 2650 SW 27TH AVE, 2ND FL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KURZBAN, MARVIN NAME STREET ADDRESS 2650 SW 27TH AVE. 2ND FL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 0 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.