

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 048 ***150.00

DOCUMENT # 601391

1. Entity Name

PATRICIA E. KAHN, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

736 12th Ave E.

Suite, Apt. #, etc.

3. Mailing Address

736 12th Ave E.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Seattle, WA

City & State

Seattle, WA

4. FEI Number

59-1273648

Applied For

Not Applicable

Zip

98102

Country

USA

Zip

98102

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICIA E. KAHN

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

Robert Kahn

1655 Drexel Avenue, Suite 200

City

Miami Beach

FL

Zip Code

33140

**DO NOT WRITE
IN THIS SPACE**

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.

PATRICIA E. KAHN

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P.S.
PATRICIA E. KAHN
736 12th Ave E.
Seattle, WA 98102

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

206-390-9675

Daytime Phone #