

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603977

1. Entity Name

BARRANCO, KIRCHER, VOGELSANG & BOLDT, P.A.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90011 014 ***150.00

Principal Place of Business

Mailing Address

150 WEST FLAGLER STREET
SUITE 1400, MUSEUM TOWER
MIAMI FL 33130

150 WEST FLAGLER STREET
SUITE 1400, MUSEUM TOWER
MIAMI FL 33130-1537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1431139

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRANCO JR, A J
1400 MUSEUM TOWER SUITE 1400
150 W. FLAGLER STREET
MIAMI FL 33130

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME BARRANCO, A. J.
STREET ADDRESS 1629 S. BAYSHORE DR.
CITY-ST-ZIP COCONUT GROVE FL

TITLE AS ☐ Change ☒ Addition
NAME BOLDT, KIMBERLY L.
STREET ADDRESS 756 GRANADA DRIVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VS ☐ Delete
NAME KIRCHER, MARIANNE L.
STREET ADDRESS 6750 ROYAL PALM DRIVE
CITY-ST-ZIP MIAMI FL

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

TITLE T ☐ Delete
NAME VOGELSANG, BETH T
STREET ADDRESS 12055 SW 73 AVENUE
CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-00

Date

305-371-8575

Daytime Phone #

CR2E034 (9/99)