

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90026 025 ***150.00

DOCUMENT # 650647

1. Entity Name

RICKIE KNOBEL, ACCOUNTANT, P.A.

Principal Place of Business

**2000 TOWERSIDE TERRACE
 SUITE 1912
 MIAMI FL 33138-2228
 US**

Mailing Address

**PO BOX 610395
 NORTH MIAMI FL 33261-0395
 US**

2. Principal Place of Business

2000 TOWERSIDE TERR

Suite, Apt. #, etc.
SUITE 1002

City & State
MIAMI, FL

Zip
33138

Country

3. Mailing Address

2000 TOWERSIDE TERR

Suite, Apt. #, etc.
SUITE 1002

City & State
MIAMI, FL

Zip
33138

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1955018

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

**KNOBEL, RICKIE
 2000 TOWERSIDE TERRACE
 SUITE 1912
 MIAMI FL 33138**

Name

KNOBEL, RICKIE

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

2000 TOWERSIDE TERR

SUITE 1002

City

MIAMI, FL

FL

Zip Code

33138

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 KNOBEL, RICKIE
 2000 TOWERSIDE TERRACE, SUITE 1912
 MIAMI FL 33138-2228** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 KNOBEL, RICKIE
 2000 TOWERSIDE TERR #1002
 MIAMI, FL 33138-2225** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

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 REQUIRED RICKIE KNOBEL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)