

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90001 007 \*\*\*550.00

**DOCUMENT # 674060**

1. Entity Name

**KURLAND & KURLAND, P.A.**

Principal Place of Business

**9853 PINES BOULEVARD  
 PEMBROKE PINES FL 33024  
 US**

Mailing Address

**9853 PINES BOULEVARD  
 PEMBROKE PINES FL 33024  
 US**

2. Principal Place of Business

**9105 TAFT STREET**

Suite, Apt. #, etc.

3. Mailing Address

**9105 TAFT STREET**

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FLORIDA**

Zip  
**33024**

Country  
**USA**

City & State

**PEMBROKE PINES, FLORIDA**

Zip  
**33024**

Country  
**USA**

4. FEI Number

**59-2007237**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KURLAND, SHELDON C  
 9853 PINES BOULEVARD  
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name  
**JACQUELINE I. KURLAND**

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

**9105 TAFT STREET**

City  
**PEMBROKE PINES**

**FL**

Zip Code  
**33024**

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

*Jacqueline Kurland*

**7/17/01**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**DTS** ☐ Delete  
 NAME  
**KURLAND, SHELDON C**  
 STREET ADDRESS  
**9853 PINES BOULEVARD**  
 CITY-ST-ZIP  
**PEMBROKE PINES FL**

TITLE  
**DP** ☐ Delete  
 NAME  
**KURLAND, JACQUELINE I**  
 STREET ADDRESS  
**9853 PINES BOULEVARD**  
 CITY-ST-ZIP  
**PEMBROKE PINES FL**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**DTS** ☒ Change ☐ Addition  
 NAME  
**KURLAND, SHELDON C.**  
 STREET ADDRESS  
**9105 TAFT STREET**  
 CITY-ST-ZIP  
**PEMBROKE PINES, FL 33024**

TITLE  
**DP** ☒ Change ☐ Addition  
 NAME  
**KURLAND, JACQUELINE I.**  
 STREET ADDRESS  
**9105 TAFT STREET**  
 CITY-ST-ZIP  
**PEMBROKE PINES, FL 33024**

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

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

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

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

*Jacqueline Kurland Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/17/01**

Date

**(954)436-6080**

Daytime Phone #

0024585 AV

CR2E034 (5/01)

ATTACHMENT

# 674060  
Box 6745

July 18, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2001 Uniform Business Report

Dear Sir/Madam:

Enclosed please find the fully executed 2001 UBR along with our check in the amount of \$550.00. Please stamp this letter as a receipt for us that you have received the enclosed and send it back to in the enclosed, self addressed, self stamped envelope.

If you have any questions at all, please do not hesitate to contact our office.

Very truly yours,

KURLAND AND KURLAND, P.A.

Jacqueline I. Kurland  
For the Firm

JIK/mmb  
enclosures