

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90077 043 \*\*\*150.00

**DOCUMENT # 684490**

1. Entity Name  
**FREDERIC M. KLEIN, P.A.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2295 CORP BLVD<br/>         STE 145<br/>         BOCA RATON FL 33431<br/>         US</b> | Mailing Address<br><b>2295 CORP BLVD<br/>         STE 145<br/>         BOCA RATON FL 33431<br/>         US</b> |
|--|--|



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>2101 COROORATE BLVD</b> | 3. Mailing Address<br><b>2101 CORPORATE BLVD</b> |
|--|--|

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Suite, Apt. #, etc.<br><b>206</b> | Suite, Apt. #, etc.<br><b>206</b> |
|-----------------------------------|-----------------------------------|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>BOCA RATON, FL</b> | City & State<br><b>BOCA RATON, FL</b> |
|---------------------------------------|---------------------------------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2015497</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|                     |                      |                     |                      |
|---------------------|----------------------|---------------------|----------------------|
| Zip<br><b>33431</b> | Country<br><b>US</b> | Zip<br><b>33431</b> | Country<br><b>US</b> |
|---------------------|----------------------|---------------------|----------------------|

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**

**KLEIN, FREDERIC M  
 2101 CORPORATE BLVD  
 SUITE 204  
 BOCA RATON FL 33431**

|  |          |
|--|----------|
| Name<br><b>SUITE 206</b>                           |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City<br><b>FL</b>                                  | 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 *Frederic M Klein* DATE 4/2/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>KLEIN, FREDERIC M<br/>2295 CORP BLVD STE 145<br/>BOCA RATON FL 33431</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2101 CORPORATE BLVD, Ste 206</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Frederic M Klein* DATE 4/2/01 (561)9971180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

UBR2001

CR2E034 (10/00)