

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 687258

1. Entity Name

THE LAW OFFICES OF DAVID KRATHEN, A PROFESSIONAL

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90045 022 ***150.00

Principal Place of Business

888 E LAS OLAS BLVD
200
FT LAUDERDALE FL 33301
US

Mailing Address

888 E LAS OLAS BLVD
200
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

2665 Executive Park Drive

3. Mailing Address

2665 Executive Park Drive

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

Weston Florida

City & State

Weston Florida

Zip

33331

Country

USA

Zip

33331

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2025847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRATHEN, DAVID H.
888 E LAS OLAS BLVD STE 200
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name David Krathen

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

2665 Executive Park Drive

Suite #3

City

Weston

FL

Zip Code

33331

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, 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

TITLE	PVS	<input type="checkbox"/> Delete
NAME	KRATHEN, DAVID H.	
STREET ADDRESS	888 E LAS OLAS BLVD STE 200	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krathen, David	
STREET ADDRESS	2665 Executive Park Drive, #3	
CITY-ST-ZIP	Weston, FL 33331	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the person 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)