

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692635

1. Entity Name

KOCH REISS & COMPANY, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90057 033 ***150.00

Principal Place of Business

4700 SHERIDAN STREET
BLDG N
HOLLYWOOD FL 33021

Mailing Address

4700 SHERIDAN STREET
BLDG N
HOLLYWOOD FL 33021-3416

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

59-2101505

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

KOCH, JEFFREY B
4700 SHERIDAN STREET
HOLLYWOOD FL 33021

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	D	<input type="checkbox"/> Delete
NAME	JACK N. ROSENBERG	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ZELKO, ROBERT A	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KOCH, JEFFREY B	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	REISS, A. GERALD	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLANTONI, DONALD, F	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHINDER, BERNARD J	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J. ROTH	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVA KAUFMAN	
STREET ADDRESS	4700 SHERIDAN ST	
CITY-ST-ZIP	HOLLYWOOD, FL	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

3/13/00

Date

954-989-7462

Daytime Phone #

CR2E034 (9/99)