

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90004 004 \*\*\*150.00

**DOCUMENT # 692635**

1. Entity Name  
**KOCH REISS & COMPANY, P.A.**

Principal Place of Business

**4700 SHERIDAN STREET  
BLDG N  
HOLLYWOOD FL 33021**

Mailing Address

**4700 SHERIDAN STREET  
BLDG N  
HOLLYWOOD FL 33021**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**KOCH, JEFFREY B  
4700 SHERIDAN STREET  
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>JACK N. ROSENBERG</b>	<b>4700 SHERIDAN ST HOLLYWOOD FL</b>	<input type="checkbox"/>
	<b>VD</b>	<b>ROTH, MICHAEL J</b>	<b>4700 SHERIDAN ST HOLLYWOOD FL</b>	<input type="checkbox"/>
	<b>PD</b>	<b>KOCH, JEFFREY B</b>	<b>4700 SHERIDAN ST HOLLYWOOD, FL 0</b>	<input type="checkbox"/>
	<b>D</b>	<b>REISS, A. GERALD</b>	<b>4700 SHERIDAN ST HOLLYWOOD FL</b>	<input type="checkbox"/>
	<b>D</b>	<b>BELLANTONI, DONALD, F</b>	<b>4700 SHERIDAN ST HOLLYWOOD FL</b>	<input type="checkbox"/>
	<b>D</b>	<b>KAUFMAN, DAVA</b>	<b>4700 SHERIDAN ST HOLLYWOOD FL</b>	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02 (954) 989-7462  
Date Daytime Phone #

CR2E034 (9/01)