

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005882

1. Entity Name

KAUFMAN AND ASSOCIATES, INC.

Principal Place of Business

11612 KENSINGTON COURT
BOCA RATON FL 33428

Mailing Address

11612 KENSINGTON COURT
BOCA RATON FL 33428

2. Principal Place of Business

9858 GLADES RD.

Suite, Apt. #, etc.

PMB 231

City & State

BOCA RATON, FL

Zip

33428

Country

3. Mailing Address

9858 GLADES RD.

Suite, Apt. #, etc.

PMB 231

City & State

BOCA RATON, FL

Zip

33428

Country

4. FEI Number

36-3808049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, CRAIG

11612 KENSINGTON COURT

BOCA RATON FL 33428

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

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PSTD	KAUFMAN, CRAIG	11612 KENSINGTON COURT	BOCA RATON FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Date

Daytime Phone #

FILED
Aug 29, 2001 8:00 am
Secretary of State

07-06-2001 90211 005 ***150.00

08-29-2001 90010 029 ***400.00

11075737



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)