

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00942

1. Entity Name

KNEZEVICH AND ASSOCIATES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90016 013 ***150.00

Principal Place of Business

Mailing Address

~~641 MOKENA DRIVE~~
~~MIAMI SPRINGS FL 33166~~

~~641 MOKENA DRIVE~~
~~MIAMI SPRINGS FL 33322-4724~~

2. Principal Place of Business

1260 N. University Drive

3. Mailing Address

1260 N. University Drive

Suite, Apt. #, etc.

Suite 180

Suite, Apt. #, etc.

Suite 180

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33322

Country

U.S.A.

Zip

33322

Country

U.S.A.

4. FEI Number

59-2028106

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

KNEZEVICH, V.J.

1225 NE 95TH ST

MIAMI SHORES FL 33138

Name

V. J. Knezevich

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

2590 SW 105 Terrace

City

DAVIE

FL

Zip Code

33324

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

3/20/2000

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	S	<input type="checkbox"/> Delete
NAME	KNEZEVICH, GERALDINE	
STREET ADDRESS	1225 NE 95TH ST	
CITY-ST-ZIP	MIAMI SHORES, FL 00000 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KNEZEVICH, VJ	
STREET ADDRESS	1225 NE 95TH ST	
CITY-ST-ZIP	MIAMI SHORES, FL 00000 33138	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KNEZEVICH, JOHN W	
STREET ADDRESS	5210 NE 29TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2590 SW 105 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2590 SW 105 Terrace	
CITY-ST-ZIP	DAVIE, FL 33324	
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 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 #

3/20/2000 934-382-2800

CR2E034 (9/99)