

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F50094

1. Entity Name

KASLOW ASSOCIATES, P.A.

Principal Place of Business

128 WINDWARD DR  
SUITE 210  
PALM BCH GARDENS FL 33418  
US

Mailing Address

128 WINDWARD DR  
SUITE 210  
PALM BCH GARDENS FL 33418  
US

*no  
suite  
it  
new*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KLEIN, STUART B. ESQUIRE  
STUART B. KLEIN P.A.  
1551 FORUM PLACE, SUITE 400B  
WEST PALM BEACH FL 33401

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 *President*  
NAME KASLOW, FLORENCE P H D  
STREET ADDRESS 128 WINDWARD DR.  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

*Florence Kaslow, P.H.D., President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/01* *561-688-6530*  
Date Daytime Phone #

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90051 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)