

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90021 017 \*\*\*150.00

0213252 AV

**DOCUMENT # F84406**

1. Entity Name

**KELLNER FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**220 MIRACLE MILE # 236**  
**#236**  
**CORAL GABLES FL 33134**

**220 MIRACLE MILE # 236**  
**#236**  
**CORAL GABLES FL 33134**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**9200 S. Dadeland Blvd., #508**

City & State

City & State

**Miami, Florida**

Zip

Country

Zip

**33156**

Country

**U.S.A.**

4. FEI Number

**59-2195683**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLNER, STEWART C.**  
**220 MIRACLE MILE**  
**# 236**  
**CORAL GABLES FL 33134**

Name

**Fred E. Glickman, Esquire**

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

**9200 S. Dadeland Boulevard, Suite 508**

City

**Miami**

**FL**

Zip Code

**33156**

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

**Fred E. Glickman**

**3/3/02**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete  
NAME **KELLNER, STEWART C**  
STREET ADDRESS **3830 FRANTZ RD**  
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Kellner, Douglas C.**  
CITY-ST-ZIP **3119 Ponce De Leon Boulevard, #A**  
**Coral Gables, FL 33134**

TITLE ☐ Change ☒ Addition  
NAME **Secretary/Treasurer**  
STREET ADDRESS **Kellner, Kathryn**  
CITY-ST-ZIP **3830 Frantz Road**  
**Coconut Grove, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

**Douglas C. Kellner, President**

**(305) 443-3136**

Date

Daytime Phone #

CR2E034 (9/01)