

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90077 032 ***150.00

DOCUMENT # H09743

1. Entity Name

DR. ABRAHAM K. KOHL, P.A.

Principal Place of Business

Mailing Address

C/O ABRAHAM K. KOHL
 76 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

C/O ABRAHAM K. KOHL
 76 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10830 Pines Blvd
 City & State
 Pembroke Pines

10830 Pines Blvd
 City & State
 Pembroke Pines

Zip

Country

Zip

Country

33026 Broward 33026 Broward

4. FEI Number 59-2435304

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

KOHL, ABRAHAM K.
 76 NORTH UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

Name KOHL, ABRAHAM K.
 Street Address (P.O. Box Number is Not Acceptable)
 10830 Pines Blvd.
 Pembroke Pines
 City FL Zip Code 33026

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME KOHL, ABRAHAM K.
 STREET ADDRESS 1801 SE 9TH ST
 CITY-ST-ZIP FT LAUDERDALE FL

TITLE KOHL, ABRAHAM K. ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7722 Schooner Ct.
 CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ABRAHAM K KOHL

2/26/01 954432

5006

CR2E034 (10/00)