

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H87131

1. Entity Name

JEFFREY F. KANOV, PH.D., P.A.

Principal Place of Business

1875 NE 163RD STREET
N. MIAMI BEACH FL 33160
US

Mailing Address

P.O. BOX 600521
NORTH MIAMI BEACH FL 33160
US

2. Principal Place of Business

17101 N.E. 19th Ave

3. Mailing Address

Suite, Apt. #, etc.

103

City & State

N. Miami Beach FL

Zip

Country

33162

Country

USA

4. FEI Number 59-2601629

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANOV, JEFFREY F.
1875 N. E. 163 ST.
N. MIAMI BCH. FL 33162

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 P
NAME KANOV, JEFFREY F.
STREET ADDRESS 1875 N.E. 163RD STREET
CITY-ST-ZIP N MIAMI BCH FL 33162

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90051 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)