

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90320 047 ***150.00

DOCUMENT # H97197

1. Entity Name

FRANK KRONBERG, INC.

Principal Place of Business

Mailing Address

2601 S. BAYSHORE DR.
 STE. 1600
 MIAMI FL 33133
 US

7150 W 20TH AVENUE
 #2-312
 HIALEAH FL 33016-5533
 US

00048209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5845 SW 111 Ter

3. Mailing Address

5845 S.W. 111 Ter

Suite, Apt. #, etc.

Miami

Suite, Apt. #, etc.

Miami

City & State

FL

City & State

FL

4. FEI Number

59-2643895

Applied For

Not Applicable

Zip

33136

Country

USA

Zip

33156

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
 2601 S. BAYSHORE DR.
 STE. 1600
 MIAMI FL 33133

7. Name and Address of New Registered Agent

FRANK KRONBERG, MD
 7150 W 20th
 Ste 312
 Hialeah FL 33016

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

Frank Kronberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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 PD ☐ Delete
 NAME KRONBERG, FRANK
 STREET ADDRESS 8700 NORTH KENDALL DR
 CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Frank Kronberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK KRONBERG
 President

Date

4/24/00

Daytime Phone #

525-9035