

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90227 038 ***550.00

DOCUMENT # J24352

1. Entity Name

DAVID M. KRAUSE, P.A.

Principal Place of Business

~~801 BRICKELL AVE~~
~~STE 1501~~
~~MIAMI FL 33131~~
~~US~~

Mailing Address

~~1080 LOVE COURT~~
~~BOULDER CO 80303~~
~~US~~

2. Principal Place of Business

80 SW 8 Street
 Suite, Apt. #, etc.
 Ste 1920

3. Mailing Address

80 SW 8 Street
 Suite, Apt. #, etc.
 Ste 1920

City & State

Miami FL

City & State

Miami FL

4. FEI Number

59-2728723

Applied For

Not Applicable

Zip

33130

Country

US

Zip

33130

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KRAUSE, DAVID M.

~~801 BRICKELL AVE~~

~~STE 1501~~

~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name

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

80 S.W. 8 Street

Suite 1920

City

Miami

FL

Zip Code

33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/3/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 KRAUSE, DAVID M.
 801 BRICKELL AVE STE 1501
 MIAMI FL 33131

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 80 S.W. 8 Street
 MIAMI FL 33130

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)