

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J90103

1. Entity Name

N. SANDY KONIGSBERG P.A.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90052 001 ***150.00

Principal Place of Business

Mailing Address

% N. SANDY KONIGSBERG
9900 W SAMPLE RD #400
CORAL SPRINGS FL 33065

% N. SANDY KONIGSBERG
9900 W SAMPLE RD #400
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

3300 UNIVERSITY DRIVE

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

311

City & State

City & State

CORAL SPRINGS FL

Zip

Country

Zip

Country

33065

4. FEI Number

65-0031697

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

KONIGSBERG, N. SANDY
9900 W SAMPLE RD #400
CORAL SPRINGS FL 33065

Name

N. SANDY KONIGSBERG ESQ.

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

3300 UNIVERSITY DRIVE SUITE 311

City

CORAL SPRINGS

FL

Zip Code

33065

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

Noel Sandy Konigsberg

NOEL SANDY KONIGSBERG

2/1/2001

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	D	<input type="checkbox"/> Delete
NAME	KONIGSBERG, N. SANDY	
STREET ADDRESS	9900 W SAMPLE RD #400	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	3300 UNIVERSITY DRIVE SUITE 311	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

N. Sandy Konigsberg Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001

Date

(854) 341 7244

Daytime Phone #

CR2E034 (10/00)