

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91521 002 \*\*\*150.00

**DOCUMENT # K36494**

1. Entity Name

**KERN & ZIONTZ, P.A.**

Principal Place of Business

**6550 N FEDERAL HWY  
 STE 220  
 FT. LAUDERDALE FL 33308  
 US**

Mailing Address

**6550 N FEDERAL HWY  
 SUITE 220  
 FT. LAUDERDALE FL 33308  
 US**

2. Principal Place of Business

**6550 N. Federal Highway**

Suite, Apt. #, etc.  
**Suite 330**

City & State

**Ft. Lauderdale, FL**

Zip  
**33308**

Country  
**USA**

3. Mailing Address

**6550 N. Federal Highway**

Suite, Apt. #, etc.  
**Suite 330**

City & State

**Ft. Lauderdale, FL**

Zip  
**33308**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0073811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ZIONTZ, HAROLD M  
 6550 N FEDERAL HWY., STE. 220  
 FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name  
**Ziontz, Harold M.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6550 N. Federal Highway**  
**Suite 330**  
 City  
**Ft. Lauderdale FL** Zip Code  
**33308**

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

*Harold M. Ziontz*  
 Signature, typed or printed name of registered agent and title if applicable.

**Harold M. Ziontz, President**

**3-11-02**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>ZIONTZ, HAROLD M<br/>6550 N FEDERAL HWY.<br/>FT LAUDERDALE FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                             | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (9/01)

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:

*Harold M. Ziontz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold M. Ziontz**

**3-11-02**

**(954) 771-0322**

Date

Daytime Phone #