

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90104 024 \*\*\*150.00

**DOCUMENT # K73303**

1. Entity Name  
**LEWIS S. KIMLER, P.A.**

Principal Place of Business

**600 NE 3RD AVE  
 FORT LAUDERDALE FL 33304  
 US**

Mailing Address

**600 NE 3RD AVE  
 FORT LAUDERDALE FL 33304  
 US**

**B0132976**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10605 Indian Trail**  
 Suite, Apt. #, etc.

3. Mailing Address

**10605 Indian Trail**  
 Suite, Apt. #, etc.

City & State

**Cooper City FL**  
 Zip **33328** Country **USA**

City & State

**Cooper City, FL**  
 Zip **33328** Country **USA**

4. FEI Number **65-0118807**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIMLER, LEWIS  
 600 NE 3RD AVE  
 FORT LAUDERDALE FL 33304**

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. 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

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 **P** ☐ Delete  
 NAME **KIMLER, LEWIS S.**  
 STREET ADDRESS **600 NE 3RD AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **KIMLER, LEWIS, S.** ☒ Change ☐ Addition  
 NAME **10605, INDIAN TRAIL**  
 STREET ADDRESS **Cooper City FL 33328**  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-2602 954-680-4289**

Attachment  
# K73303

*Lewis S. Kimler, P.A.*

ATTORNEY AT LAW

**Lewis S. Kimler**

July 26, 2002  
Carl Kamm  
Russell Adler  
of Counsel

600 N.E. Third Avenue  
Fort Lauderdale, FL 33304

Telephone: (954) 587-0800 - Broward  
(305) 945-5444 - Dade  
Telecopier: (954) 763-4856

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Lewis S. Kimler, PA.  
EIN: 65-0118807

Dear Sir:

Please find enclosed our check in the amount of \$150.00 for our 2002 annual report. We never received the original report from the State. As you can see, our address has changed from that of prior years

A change of address was previously and properly sent in to the Department of State. However, it appears the information was never entered in to the system.

Thank you,

Respectfully,

  
Lewis S. Kimler  
President