

2001 UNIFORM BUSINESS REPORT (UBR)

0007700 AF

DOCUMENT # L00000004026

1. Entity Name
KRAVITZ AND ASSOCIATES, P.L.

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4320 NW 101ST DRIVE
CORAL SPRINGS FL 33065

Mailing Address
4320 NW 101ST DRIVE
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
73 ABBOT ROAD
Suite, Apt. #, etc.

3. Mailing Address
1 MAIDA AVENUE
Suite, Apt. #, etc.
Flat 4

City & State
LONDON

City & State
LONDON

4. FEI Number
Applied For
☒ Not Applicable

Zip
NW 8 OAE
Country
ENGLAND

Zip
W2 1TE
Country
ENGLAND

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE.
SUITE 900
MIAMI FL 33131

Name
PAUL KRAVITZ
Street Address (P.O. Box Number is Not Acceptable)
4320 NW 101 DRIVE
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
[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

4/22/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004221038--7
--05/16/01--01126--009
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	KRAVITZ, ADAM	4320 NW 101ST DRIVE	CORAL SPRINGS FL 33065	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1 MAIDA AVE., Flat 4	LONDON W2 1TE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

16/4/01 +44 20 7644 8989
Date Daytime Phone #

CR2E083 (11/00)