

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0018760

DOCUMENT # L01000012817

1. Entity Name

SANDLER, KUBIAK & PEREZ, P.L.

01-31-2002 90031 015 *****50.00

Principal Place of Business

**3312 W. SAN PEDRO STREET
TAMPA FL 33629**

Mailing Address

**3312 W. SAN PEDRO STREET
TAMPA FL 33629**

2. Principal Place of Business

205 S DALE MABRY HWY

3. Mailing Address

205 S DALE MABRY HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA, FL

4. FEI Number

58-3775017

Applied For

Not Applicable

Zip

33609

Country

US

Zip

33609

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BEHRENFELD, CRAIG E
601 BAYSHORE BLVD.
SUITE 700
TAMPA FL 33606**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGERS** ☐ Delete
NAME **CRAIG C KUBIAK**
STREET ADDRESS **205 S DALE MABRY HWY**
CITY-ST-ZIP **TAMPA, FL 33609**

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

TITLE **MANAGERS** ☐ Delete
NAME **ALAN R SANDLER**
STREET ADDRESS **205 S DALE MABRY HWY**
CITY-ST-ZIP **TAMPA, FL 33609**

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

TITLE **MANAGERS** ☐ Delete
NAME **JACK MARC PEREZ**
STREET ADDRESS **205 S DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

✓ 1/25/02

CR2E083 (9/01)