

DOCUMENT # L10532
1. Entity Name
KASEN & BARKAN, P.A.

Principal Place of Business Mailing Address
444 BRICKELL AVE #514 MIAMI FL 33131 US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**KASEN, MARSHALL A.
444 BRICKELL AVE
#514
MIAMI FL 33131**

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90043 012 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0141404** Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when translating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PSD MARSHALL A. KASEN 444 BRICKELL AVE #514 MIAMI FL 33131 ☐ 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 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: **MARSHALL A. KASEN** Res. 1/8/01 305-373-1200
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)