

2002 UNIFORM BUSINESS REPORT (UBR)

07-02-2002 90809 031 ***150.00

L29026

DOCUMENT # **L29026**

1. Entity Name

KEENAN L. POOLE, C.P.A., P.A.

FILED

02 JUL 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7880 N. UNIVERSITY DR.
100
TAMARAC FL 33321
US

Mailing Address

7880 N. UNIVERSITY DR.
100
TAMARAC FL 33321
US

2. Principal Place of Business

13450 West Sunrise Blvd
Suite, Apt. #, etc.
#150

3. Mailing Address

13450 West Sunrise Blvd
Suite, Apt. #, etc.
#150

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0157083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, KEENAN L
7880 N. UNIVERSITY DRIVE #100
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13450 WEST SUNRISE BLVD #150

City

Fort Lauderdale

FL

Zip Code

33323

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

Keenan L. Poole C.P.A., P.A.

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 \$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	P	<input type="checkbox"/> Delete
NAME	POOLE, KEENAN L.	
STREET ADDRESS	7880 N. UNIVERSITY DR. #100	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13450 West sunrise Blvd #150
CITY-ST-ZIP	Fort Lauderdale FL 33323
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Keenan L. Poole C.P.A., P.A.

Keenan L. Poole C.P.A., P.A.

CR2E034 (9/01)

POOLE GOLDSTEIN
Certified Public Accountants and Consultants

13450 West Sunrise Boulevard, Suite 150
Fort Lauderdale, Florida 33323

Broward: 954.845.1175

Dade: 305.944.0172

Palm Bch.: 561.392.2595

Fax: 954.845.1185

www.poolegoldstein.com

June 21, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Keenan L. Poole, C.P.A., P.A.
Irving L. Goldstein, C.P.A., P.A.
Nadine Bellows, C.P.A., P.A.

Ladies/Gentlemen:

Enclosed is the 2002 Uniform Business Report (UBR) for the above referenced corporations. PooleGoldstein, L.L.P. d/b/a PooleGoldstein is a partnership of professional associations and each professional association is required to file a Uniform Business Report, in addition to the partnership.

My partner, Dina Bellows, was diagnosed with Hodgkin's disease and has been undergoing treatment. Dina is the partner in our office with administrative responsibility for these tasks and she, as well as we, had no idea the forms were still in her office. We discovered them upon assisting her with her backlog of work.

I am respectfully requesting abatement of the late fee of \$400 due to reasonable cause as stated above.

Sincerely yours,



Keenan L. Poole

KLP/kad