

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90239 029 ***150.00

DOCUMENT # L37151

1. Entity Name
CRAMER AND KAHN REALTY, INC.

R

Principal Place of Business
17 PALAFOX PL
SUITE #318
PENSACOLA FL 32501
US

Mailing Address
P.O. BOX 988
PENSACOLA FL 32595
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-2980992**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, LOUIS I.
216 S PALAFOX PL
PENSACOLA FL 32501

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

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, 2000 Min. 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDTS KAHN, LOUIS I. 216 S PALAFOX PL PENSACOLA FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00 850 432-2357
 Date Daytime Phone #

CR2E034 (5/00)



Attachment
D# L37151
DW85371

September 7, 2000

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

Dear Sirs:

Enclosed please find checks in the total amount of \$300.00 (\$150.00 per corporation) as instructed to pay today by your office.

To the best of my knowledge, we did not receive previous notices for either corporation and they both come to the same address. Truthfully, both reports have been on my desk for some time now but they indicated a September date.

We did suffer a fire on December 30th of last year and it was not until May 15th that we completely re-situated, although again, I do not believe we received any prior notice.

Thanking you in advance for your consideration in this matter.

Sincerely,

CRAMER & KAHN, REALTORS


Louis I. Kahn
President

LIK:nds