

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62256

1. Entity Name

A.J. KLEINMAN, INC.

Principal Place of Business

9845 A BOCA GARDENS PKWY
BOCA RATON FL 33496

Mailing Address

9845 A BOCA GARDENS PKWY
BOCA RATON FL 33496

2. Principal Place of Business

5851 Holmberg Road
Suite, Apt. #, etc.
Apt # 3014

City & State
PARKLAND FL

Zip Country
33067 BROWARD

3. Mailing Address

5851 Holmberg Road
Suite, Apt. #, etc.
Apt # 3014

City & State
PARKLAND FL

Zip Country
33067 BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0184046

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEINMAN, ARLENE
9845 A BOCA GARDENS PKWY
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

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

5851 Holmberg Road Apt # 3014
City PARKLAND FL Zip Code 33067

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

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 PSD
NAME KLEINMAN, ARLENE
STREET ADDRESS 9845 A BOCA GARDENS PKWY
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5851 Holmberg Road Apt 3014
CITY-ST-ZIP PARKLAND FL 33067

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Arlene Kleinman ARLENE KLEINMAN 4/13/01 954-755-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)