

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008062

1. Entity Name

KAYTON & TOPOUZIS, P.L.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2627 N.E. 203RD STREET  
STE 111  
NORTH MIAMI BEACH FL 33180

Mailing Address

2627 N.E. 203RD STREET  
STE 111  
NORTH MIAMI BEACH FL 33180-1945

2. Principal Place of Business

3. Mailing Address

1868 N. UNIVERSITY DR

Suite, Apt. #, etc:

Suite, Apt. #, etc.

203

City & State

City & State  
PLANTATION, FL

4. FEI Number

65-0964410

Applied For

Not Applicable

Zip

Country

Zip

33322

Country

BROWARD

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYTON, MATTHEW

2627 N.E. 203RD STREET, STE 111  
NORTH MIAMI BEACH FL 33180

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☒ Addition

MEMBER  
DAVID KAYTON  
2128 N. BAY ROAD  
MIAMI BEACH, FL 33140

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☒ Addition

MEMBER  
MARK KAYTON  
10655 MEMORIAL DR  
HOUSTON, TX 77024

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☒ Addition

MEMBER  
THEODORE TOPOUZIS  
19460 26th AVE # 13  
N. MIAMI BEACH, FL 33180

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

300003119653-5  
-02/01/00--01134--026  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

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 OR MANAGER

Date

Daytime Phone #

THEODORE TOPOUZIS 1/ /00 305-935-3971