

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90053 033 ***150.00

01R0313 AV

DOCUMENT # P00000003002

1. Entity Name
LAW OFFICE OF JEFFREY B. KAHN, P.A.

Principal Place of Business

6598 NW 97TH DR.
PARKLAND FL 33076

Mailing Address

6598 NW 97TH DR.
PARKLAND FL 33076

2. Principal Place of Business

3300 University Drive

Suite, Apt. #, etc.

711

3. Mailing Address

3300 University Drive

Suite, Apt. #, etc.

711

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

USA

Zip

33065

Country

USA

4. FEI Number

65-0972127

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, JEFFREY B ESQ.
6598 NW 97TH DR.
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name

KAHN, JEFFREY B.

Street Address (P.O. Box Number, if Not Applicable)

3300 University Drive, suite 711

City

Coral Springs

FL

Zip Code

33065

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

1-12-2002

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 **DPST** ☐ Delete
NAME **KAHN, JEFFREY B ESQ.**
STREET ADDRESS **6598 NW 97TH DR.**
CITY-ST-ZIP **PARKLAND FL 33076**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
President

1-12-2002

Date

Daytime Phone #

CR2E034 (9/01)

80012651



DO NOT WRITE IN THIS SPACE