

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000064142

1. Entity Name
MARY KRANTZLER, P.A.



Principal Place of Business
7700 SW 144TH STREET
MIAMI, FL 33158

Mailing Address
7700 SW 144TH STREET
MIAMI, FL 33158

FILED
Mar 29, 2004 08:00 AM
Secretary of State



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1026248 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRANTZLER, MARY
7700 SW 144TH STREET
MIAMI, FL 33158

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mary Krantzler* PRESIDENT *Mary Krantzler* DATE *3/29/04*
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000098060
03/29/04-80025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KRANTZLER, MARY
STREET ADDRESS 7700 SW 144TH STREET
CITY-ST-ZIP MIAMI, FL 33158

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Krantzler* MARY KRANTZLER, PRESIDENT 3/29/04 305-238-0738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #