

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90112 004 ***150.00

DOCUMENT # P01000016601

1. Entity Name

~~THE FAMILY CENTER FOR COUNSELING AND LAW, P.A.~~

~~Kenneth Kramer P.A.~~
~~The Family Center For Counseling and Law, P.A.~~

Principal Place of Business

~~600 NE 3RD AVE.~~

~~FT. LAUDERDALE FL 33304~~

Mailing Address

~~600 NE 3RD AVE.~~

~~FT. LAUDERDALE FL 33304~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~3390 W Commercial Blvd~~ ~~3390 W Commercial Blvd~~

Suite, Apt. #, etc.

~~Suite 211~~

3. Mailing Address

~~3390 W Commercial Blvd~~

Suite, Apt. #, etc.

~~Suite 211~~

City & State

~~Tamara, FL~~

City & State

~~Tamara, FL~~

4. FEI Number

Applied For

☒ Not Applicable

Zip

~~33309~~

Country

~~USA~~

Zip

~~33309~~

Country

~~USA~~

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

KIMLER, LEWIS ESQ.

600 NE 3RD AVE.

FT. LAUDERDALE FL 33304

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

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 \$550.00
After September 13, 2002 Fee 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 ☐ Delete
NAME **D**
STREET ADDRESS **KRAMER, KENNETH**
CITY-ST-ZIP **600 NE 3RD AVE.**
FT. LAUDERDALE FL 33304

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3890 W. Commercial Blvd Suite 211**
CITY-ST-ZIP **Tamara, FL. 33349**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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
Kenneth Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/02
Date

(954) 484-4016
Daytime Phone #

CR2E034 (4/02)

*Attachment
781000016601
124756*

THE FAMILY CENTER
FOR COUNSELING AND LAW, P.A.
3890 W. COMMERCIAL BLVD. SUITE 211
TAMARAC, FL. 33309
TEL: 954.484.4016
FAX: 954.484.5016

HELPING FAMILIES HEAL

FAMILY ATTORNEYS
LICENSED FAMILY COUNSELORS
FAMILY COURT MEDIATORS

August 29, 2002

Florida Dept. Of State
Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: The Family Center For Counseling And Law, P.A.

Dear Sir or Madam:

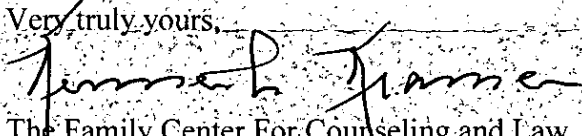
Please be advised that neither the above-referenced corporation nor the corporation's registered agent received the prior notice.

Enclosed please find a check for the original filing fee in the amount of \$150.00.

Please advise me if anything further is required.

Thank you for your attention to the above.

Very truly yours,


The Family Center For Counseling and Law, P.A.
By: Kenneth Kramer, President