

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90145 030 ***150.00

DOCUMENT # P01000085029

1. Entity Name
KIRKMAN CENTER, INC.



Principal Place of Business
**20636 BISCAYNE BLVD.
AVENTURA FL 33180**

Mailing Address
**20636 BISCAYNE BLVD.
AVENTURA FL 33180**



2. Principal Place of Business

20614 BISCAYNE BLVD.
Suite, Apt. #, etc.

3. Mailing Address

20614 BISCAYNE BLVD.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
AVENTURA, FL.

City & State
AVENTURA, FL.

4. FEI Number **65-1138182**

Applied For
Not Applicable

Zip
33180

Country

Zip
33180

Country

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

6. Name and Address of Current Registered Agent

**HALBERSTEIN, DANIEL
20636 BISCAYNE BLVD.
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
20614 BISCAYNE BLVD.

City
AVENTURA

FL

Zip
33180

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 **4/4/03**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **PR** ☐ Delete
NAME **HALBERSTEIN, DANIEL**
STREET ADDRESS **20636 BISCAYNE BLVD**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20614 BISCAYNE BLVD.**
CITY-ST-ZIP **AVENTURA, FL. 33180**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL HALBERSTEIN

Date

4/4/03 (305) 933-1060

Daytime Phone #

CR2E034 (10/02)