

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90184 029 ***150.00

DOCUMENT # P01000109348

1. Entity Name

T-KAP AND FAMILIES, INC.

Principal Place of Business

**2721 SW 15TH STREET
 DELRAY BEACH FL 33445**

Mailing Address

**2721 SW 15TH STREET
 DELRAY BEACH FL 33445**

2. Principal Place of Business

Office of Dr Philippe Martineau MD

3. Mailing Address

2151 45th St

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

FL

4. FEI Number

65-0977454

Applied For

Not Applicable

Zip

33407

Country

Palm Beach

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PALEY, GREGG M
 455 FAIRWAY DRIVE
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name

Brad J. Paley

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

2721 SW 15th St

City

Deley Beach

FL

Zip Code

33445

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

Brad J. Paley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/02

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	D PALEY, BRAD J LCSW 2721 SW 15TH STREET DELRAY BEACH FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Brad J. Paley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

861-274-9743

Daytime Phone #

CR2E034 (9/01)