

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90166 016 ***150.00

0380685 AV

DOCUMENT # P01000109348

1. Entity Name
T-KAP AND FAMILIES, INC.



Principal Place of Business
OFFICE OF DR PHILLIPE MARTINEAU MD
2151 45TH ST. #210
WEST PALM BEACH FL 33407

Mailing Address
OFFICE OF DR PHILLIPE MARTINEAU MD
2151 45TH ST. #210
WEST PALM BEACH FL 33407



2. Principal Place of Business

Phillips Point

3. Mailing Address

2721 SW 15th Street

Suite, Apt. #, etc.

777 S. Flagler Dr 8th floor West Tower

Suite, Apt. #, etc.

City & State

West Palm Beach, FL.

City & State

Delray Beach, FL.

Zip

33401

Country

USA

Zip

33405

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0977454**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALEY, BRAD J
2721 SW 15TH ST
DELRAY BEACH FL 33445

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.
Delray Beach, FL. 33445
City **FL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **BRAD J. PALEY LCSW**

4/20/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **PALEY, BRAD J LCSW**
STREET ADDRESS **2721 SW 15TH STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 officer 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 561-274-9743

Date

Daytime Phone #

CR2E034 (10/02)