


2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 018 ***150.00

DOCUMENT # P02000064812	
1. Entity Name JOAN KALFUS, P.A.	

DO NOT WRITE IN THIS SPACE

24072315

2. Principal Place of Business 952 NE 199th ST Suite, Apt. #, etc.	3. Mailing Address 952 NE 199th St. Suite, Apt. #, etc.
City & State N. Miami Beach, FL Zip 33179 Country	City & State N. Miami Beach, FL Zip 33179 Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 300090838	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Kalfus, Joan Street Address (P.O. Box Number is Not Acceptable) 952 NE 199th St. City N. Miami Beach FL Zip Code 33179	

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

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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 PSD NAME Kalfus, Joan STREET ADDRESS 952 NE 199th St. CITY-ST-ZIP N. Miami Beach, FL 33179	TITLE NAME STREET ADDRESS 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Kalfus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/30/04 (305) 948-9000

Date

Daytime Phone #

CR2E034B (12/02)