

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **P02000099496**

1. Entity Name

Karlan & Associates, P.A.



03 JUL 21 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1031 IVES Dairy Rd.

Suite, Apt. #, etc.

228

City & State

MIAMI FL

Zip

33179

Country

USA

3. Mailing Address

1031 IVES Dairy Rd.

Suite, Apt. #, etc.

228

City & State

MIAMI FL

Zip

33179

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0426761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Charlotte E. Karlan, Esq.**

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

1031 IVES DAIRY Rd.

228

City

MIAMI

FL

Zip Code

33179

8. The above named entity accepts the statement for its purposes in changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.

SIGNATURE

Signature, typed or printed name of corporation, agent and fee if applicable.

(NOTE: Registered Agent signature required when installing)

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 **PD**
NAME **Charlotte E. Karlan, Esq.**
STREET ADDRESS **1031 IVES DAIRY Rd. # 228**
CITY-ST-ZIP **MIAMI FL 33179**

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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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

7/22

KARLAN & ASSOCIATES, P.A.

1031 Ives Dairy Rd., Suite 228
Miami, FL 33179

July 17, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Karlan & Associates, P.A. 51-0426761

To Whom it May Concern:

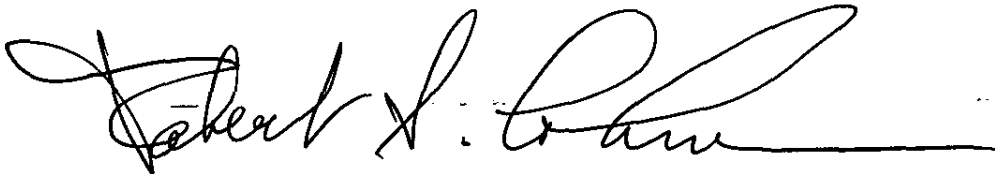
We are writing this letter in reference to the above captioned corporation.

Please be advised that e never received the first Notification to File.

Accordingly, please find enclosed a completed 2003 UBR along with our check for \$150.00 to cover the initial filing fee.

Thank you for your understanding and cooperation in this matter.

Sincerely,
KARLAN & ASSOCIATES, P.A.



Robert S. Cohen
Secretary-Treasurer
RSC:slf

Enclosures