

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90191 036 ***150.00

DOCUMENT # P92000007900

1. Entity Name
KERTZMAN SYSTEMS, INC.

Principal Place of Business

2132 NW 62ND DR
 BOCA RATON FL 33496
 US

Mailing Address

2132 NW 62 DR
 BOCA RATON FL 33496
 US

2. Principal Place of Business

3. Mailing Address

2132 NW 62 DR.

Suite, Apt. #, etc.

2132 NW 62 DR.

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON

4. FEI Number

65-0386925

Applied For

Not Applicable

Zip

33496

Country

Zip

33496

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



BOB7363

6. Name and Address of Current Registered Agent

KERTZMAN, JACK
2132 NW 62 DRIVE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

Name

JACK KERTZMAN

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

2132 NW 62 DR.

City

BOCA RATON

FL

Zip Code

33496

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 **Jack Kertzman**

JACK KERTZMAN

7/02/02

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **KERTZMAN, JACK**
 CITY-ST-ZIP **2132 NW 62 DR**
BOCA RATON FL

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **KERTZMAN, ETHEL**
 CITY-ST-ZIP **2132 NW 62 DRIVE**
BOCA RATON FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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

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:

Jack Kertzman **7/02/02**

Date

Daytime Phone #

561-995-7573

CR2E034 (4/02)

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

DOCUMENT # P92000007900

1. Entity Name

KERTZMAN SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2132 NW 62 DR

3. Mailing Address

2132 NW 62 DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL.

4. FEI Number

65-0386925

Applied For

☐ Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fees Required

7. Name and Address of Current Registered Agent

Name

NO Registered Agent direct reproduction

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Jack Kertzman - Pres.

JACK KERTZMAN

4/02/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	<u>President</u> <u>JACK KERTZMAN</u> <u>2132 NW 62 DR. Boca Raton FL</u> <u>33496</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec. Treas.</u> <u>ETHEL KERTZMAN</u> <u>same as above</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Kertzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02

Date

561-995-7573

Daytime Phone

*Attachment
P9200007900*

80127363

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 3, 2002

KERTZMAN SYSTEMS, INC.
2132 NW 62 DR
BOCA RATON, FL 33496 US

Subject: KERTZMAN SYSTEMS, INC.

Reference Number: P92000007900

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment
Document #
P92000007900

www.sunbiz.org