

2000 UNIFORM BUSINESS REPORT (UBR)

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0265129

DOCUMENT # P93000030539

1. Entity Name

ADAM KURLANDER, P.A.

FILED

00 JUL 17 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11500 SW 94TH AVENUE
MIAMI FL 33176
US

Mailing Address

11500 SW 94TH AVENUE
MIAMI FL 33176-4250
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0405017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KURLANDER, ADAM
11500 SW 94TH AVENUE
MIAMI FL 33176

Name

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

City

FL

Zip Code

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

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KURLANDER, ADAM
11500 SW 94TH AVENUE
MIAMI FL 33176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600003343166-3
-08/02/00--01011--001
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition
SP/

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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 3052352990

CR2E034 (9/99)

Law Offices
ADAM KURLANDER, P.A.
11500 Southwest 94th Avenue
Miami, Florida 33176

ADAM KURLANDER
Admitted Florida & New York

Telephone: (305) 235-2990
Telecopier: (305) 278-8765

July 9, 2000

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2000 Uniform Business Report and Corporate Fees

Dear Sir or Madam:

On or about April 1, 2000, I forwarded to the Division of Corporations in the envelope and package received an original of the 2000 Corporate Report, together with renewal check in the amount of \$150. Apparently same was either lost in the mail or misfiled, as I have received a delinquency notice seeking to asset penalty in the amount \$500. These corporate fees were timely paid, as they have been every year during the corporation's existence. I am enclosing herewith a check in the amount of \$150, as a replacement for the original check, representing corporate payment, together with a copy which I retained of the original form which was forwarded.

Should you have any questions, please feel free to contact the undersigned at (305) 235-2990.

Sincerely yours,


Adam Kurlander

AK:rr
Enc. 2