2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P93000052534** ROBERT M. KAHN, P.A. 03-22-2000 90081 014 ***150.00 Principal Place of Business Mailing Address 8211 W BROWARD BLVD., PAINE WEBBER PLAZA 8211 W BROWARD BLVD.. PAINE WEBBER PLAZA PENTHOUSE 4 PENTHOUSE 4 C0043037 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-044 1959 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAHN, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD **PENTHOUSE 4 PLANTATION FL 33324** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PST ☐ Addition TITLE ☐ Delete TITLE KAHN, ROBERT M NAME NAME STREET ADDRESS 8211 W BROWARD BLVD PENTHOUSE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

Loury Mal ROBERT M. KAHN

h[17/00 (954) - 475- 0

Daytime Phone #