

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90369 003 \*\*\*150.00

**DOCUMENT # P93000085871**

1. Entity Name

**KIM T. MOLLIKA, P.A.**

Principal Place of Business

**370 CAMINO GARDENS BLVD  
 SUITE 118  
 BOCA RATON FL 33432-  
 US**

Mailing Address

**370 CAMINO GARDENS BLVD.  
 SUITE 118  
 BOCA RATON FL 33432-5826  
 US**

2. Principal Place of Business

**1489 W. Palmetto Park Rd  
 Suite, Apt. #, etc.**

3. Mailing Address

**1489 W. Palmetto Park Rd  
 Suite, Apt. #, etc.**

City & State

**Boca Raton, FL**

City & State

**Boca Raton, FL**

Zip

**33486**

Country

**USA**

Zip

**33486**

Country

**USA**

4. FEI Number

**65-0455072**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MOLLIKA, KIM T.  
 370 CAMINO GARDENS BLVD.  
 SUITE 118  
 BOCA RATON FL 33432-**

7. Name and Address of New Registered Agent

Name **Kim T. Mollika**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1489 W. Palmetto Park Rd  
 Suite 455  
 Boca Raton, FL 33486**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4-15-01**

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLLIKA, KIM T	
STREET ADDRESS	370 CAMINO GARDENS BLVD., SUITE 118-	
CITY-ST-ZIP	BOCA RATON FL 33432-	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1489 W. Palmetto Park Rd. Ste. 455
CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-01 561-394-5504**

CR2E034 (10/00)