

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90179 048 \*\*\*150.00

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**DOCUMENT # P93000085871**

1. Entity Name  
**KIM T. MOLLIKA, P.A.**



Principal Place of Business  
**1489 W. PALMETTO PARK RD**  
**BOCA RATON FL 33486**  
**US**

Mailing Address  
**1489 W. PALMETTO PARK RD**  
**SUITE 455**  
**BOCA RATON FL 33486**  
**US**



2. Principal Place of Business  
**400 S. DIXIE HWY**  
Suite, Apt. #, etc.  
**110**

3. Mailing Address  
**P.O. BOX 272825**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**  
Zip  
**33432** Country  
**USA**

City & State  
**Boca Raton FL**  
Zip  
**33427** 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.**  
**1489 W. PALMETTO PARK RD**  
**SUITE 455**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Kim T. Mollika, Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 S. DIXIE HWY.**  
**Suite 110**  
City **Boca Raton** FL Zip Code **33432**

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

(NOTE: Registered Agent signature required when reinstating)

**4-8-2003**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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** ☐ Delete  
NAME **MOLLIKA, KIM T**  
STREET ADDRESS **1489 W. PALMETTO RD STE #455**  
CITY-ST-ZIP **BOCA RATON FL 33486**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MOLLIKA, KIM T.** ☒ Change ☐ Addition  
NAME **400 S. DIXIE HWY.**  
STREET ADDRESS **Suite 110**  
CITY-ST-ZIP **Boca Raton FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-2003**  
Date

**561-394-5524**  
**4-8-2003**  
Daytime Phone #

CR2E094 (10/02)