

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003449

1. Entity Name
RICHARD M. KAGAN, P.A.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90022 033 ***150.00

Principal Place of Business

Mailing Address

2087 AUGUSTA
FT LAUDERDALE FL 33326
US

2087 AUGUSTA
FT LAUDERDALE FL 33326
US

2. Principal Place of Business

1133 S. UNIVERSITY DR
Suite, Apt. #, etc.
207

3. Mailing Address

1865 MARINERS LN
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL

City & State
FT LAUD., FL

4. FEI Number 65-0456491

Applied For
Not Applicable

Zip
33324

Country
USA

Zip
33327

Country
USA

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

KAGAN, RICHARD M
2087 AUGUSTA
FT LAUDERDALE FL 33326

Name

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

1865 MARINERS LN

City
FT. LAUD

FL

Zip Code
33327

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]

[Signature]

DATE

1/3/01

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KAGAN, RICHARD M
2087 AUGUSTA
FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1865 MARINERS LN ☒ Change ☐ Addition
FT LAUD., FL 33327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

1/3/01 954-916-8881

CR2E034 (10/00)