

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035386

1. Entity Name

KOHLMAN/FRANK ASSOCIATES, INC.



**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**

08-15-2000 90007 025 \*\*\*150.00

Principal Place of Business

290 NW 165TH ST.  
SUITE M500  
MIAMI FL 33160

Mailing Address

1626 N. WILCOX ST.  
SUITE 236  
LOS ANGELES CA 90028

2. Principal Place of Business

3370 NE 190TH ST.  
Suite, Apt. #, etc.  
909B  
City & State  
AVENTURA, FL.  
Zip  
33180 Country  
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0493593

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fees Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

KOHLMAN, C. LAMONT  
CITI CENTRE  
290 NW 165TH ST., SUITE M500  
MIAMI FL 33160

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PT	<input type="checkbox"/> Delete
NAME	KOHLMAN, C. LAMONT	
STREET ADDRESS	1626 N. WILCOX ST. #236	
CITY-ST-ZIP	LOS ANGELES CA 90028	
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 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 #

CR2E034 (5/00)

*C. Lamont Kohlman, Pres.* 8-9-00 323-464-0192  
305-466-1090

8-9-00 attachment  
DOC # P94000035386 081400  
A0072597

Re: Kohlman/Frank Associates, Inc.

Document #: P94000035386

Pursuant to my telephone conversation with your office, I am enclosed our check for \$150.<sup>00</sup> with this letter.

As I explained to your Ms. Leslie and also to male employee (I do not recall his name) I never received a first notice to file. As a matter of fact I didn't receive the attached second notice until very late.

Thank you  
P. LaMont Kohlman