

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90899 010 \*\*\*150.00

0666427 SP

**DOCUMENT # P94000035386**

1. Entity Name

**KOHLMAN/FRANK ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**3370 NE 190TH ST.  
 909-B  
 ADVENTURA FL 33180**

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

2. Principal Place of Business ADDRESS:

**1861 N. FEDERAL HWY**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

**#229**

Suite, Apt. #, etc.

City & State

**Hollywood Florida**

City & State

Zip

**33020**

Country

**USA**

Zip

Country

4. FEI Number

**65-0493593**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KOHLMAN, C. LAMONT  
 3370 NE 190TH STREET  
 STE #909  
 AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

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

**1861 N. FEDERAL HWY**

**#229**

City

**Hollywood**

**FL**

Zip Code

**33020**

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 \$150.00  
 After May 1, 2002 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 **PT** ☐ Delete  
 NAME **KOHLMAN, C. LAMONT**  
 STREET ADDRESS **1626 N. WILCOX ST. #236**  
 CITY-ST-ZIP **LOS ANGELES CA 90028**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**C. Lamont Kohlman Pres.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/02 323-464-0192**  
 Date Daytime Phone #

CR2E034 (9/01)