

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066134

1. Entity Name

KAPLAN & CO. SECURITIES INC.

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90025 034 ***150.00

Principal Place of Business

Mailing Address

433 PLAZA REAL
SUITE 365
BOCA RATON FL 33432
US

433 PLAZA REAL
SUITE 365
BOCA RATON FL 33432-4080
US

2. Principal Place of Business

3. Mailing Address

225 N.E. Mizner Blvd.
Suite, Apt. #, etc.

225 N.E. Mizner Blvd.
Suite, Apt. #, etc.

Suite 524

Suite 524

City & State
Boca Raton

City & State
Boca Raton

Zip
33432

Country
USA

Zip
33432

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3229526

Applied For
Not Applicable

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

KAPLAN, JED
6280 N W 42ND WAY
BOCA RATON FL 33496

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

9264 Ruffledge Ave
City Boca Raton FL Zip Code 33434

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)

12/30/99
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, 2000 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 CEO
NAME KAPLAN, JED P
STREET ADDRESS 6280 N W 42ND WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE CEO
NAME JED P. Kaplan
STREET ADDRESS 9264 Ruffledge Ave
CITY-ST-ZIP Boca Raton FL 33432 ☒ Change ☐ Add

TITLE VP
NAME KAPLAN, MARCY
STREET ADDRESS 6280 N W 42ND WAY
CITY-ST-ZIP BOCA RATON FL 33496 ☒ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 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

1/3/99
Date

561-672-4727
Daytime Phone #