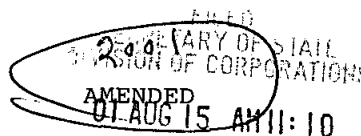


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 94000088122

1. Entity Name

Kuvin & Stettin, P.A.
Kuvin & Stettin, P.A.



Principal Place of Business

Mailing Address

888 E. Las Olas Blvd
Suite 710

888 E Las Olas Blvd
Suite 710

Fort Lauderdale, FL 33301

Fort Lauderdale, FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0546128

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Lawrence P. Kuvin

888 Eas Las Olas Blvd

Suite 710

Fort Lauderdale, FL 33301

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

City

FL

Zip Code

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS Lawrence P. Kuvin, ESQ
CITY-ST-ZIP 888 E. Las Olas Blvd
Fort Lauderdale, FL 33301

TITLE ☐ Change ☐ Addition
NAME 000004557010--8
STREET ADDRESS -08/27/01--01014--015
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Delete
NAME D
STREET ADDRESS Eric L. Stettin, ESQ
CITY-ST-ZIP 888 ELas Olas Blvd
Fort Lauderdale, FL 33301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Lawrence P. Kuvin

8-13-01

954-462-1809

CR02E034 (5/01)