

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90127 050 \*\*\*150.00

DOCUMENT # P95000018505

1. Entity Name  
**KULUKUNDIS-POSNER, INC.**

Principal Place of Business

**308 BONTONA AVE  
FT LAUDERDALE FL 33301  
US**

Mailing Address

**308 BONTONA AVE  
FT LAUDERDALE FL 33301  
US**

2. Principal Place of Business

**4994 N. CITATION DR**

Suite, Apt. #, etc.

**# 103**

3. Mailing Address

**4994 N. CITATION DR**

Suite, Apt. #, etc.

**# 103**

City & State

**DELRAY BEACH, FL**

City & State

**DELRAY BEACH FL**

Zip

**33445**

Country

**USA**

Zip

**33445**

Country

**USA**

4. FEI Number **65-0573008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**POSNER, IRWIN  
308 BONTONA AVE  
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

**POSNER, IRWIN**

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

**4994 N. CITATION DR**

**# 103**

City

**DELRAY BEACH**

FL

Zip Code

**33445**

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 **IRWIN POSNER**

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

(Not required if registered agent's signature is required when reinstating)

DATE

**4/16/01**

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

TITLE **D** ☐ Delete  
NAME **POSNER, IRWIN**  
STREET ADDRESS **308 BONTONA AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☐ Addition  
NAME **POSNER, IRWIN**  
STREET ADDRESS **4994 N. CITATION DR. # 103**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**IRWIN POSNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/01**

Date

**561 865-9353**

Daytime Phone #

CR2E034 (10/00)