CR2E034 (9/99)

## **2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000025783  1. Entry Name ZACK KOSNITZKY, P.A.  OF FB 15 ALL DI SS  OF FB									
Principal Place of Business  100 SE 240 STREET 22TH FLOOR MANUEL T. 23TH 71/39  2. Principal Place of Business  Suite, April 4, clos  City 4, States  City 5, States  City 4, States  City 5, States  City 6,	1. Entity Name ZACK KOSNITZKY, P.A.					e e e e e e e e e e e e e e e e e e e	ا أشدة		
100 SE 2ND STREET 28TH FLOOR 28TH									
2. Principal Piece of Business  Suite, Apt. 4. etc.  City & State  City						00 FEB 15 AH IO: 59			
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE	28TH FLOOR		28TH FLOOR		:	SECT TALLAHAS		T RIĎA	III 1 <b>58</b> 1
City & State    City & State   City & State   City & State   A. FEI Number 65-0578932   Applied for New Applicable	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Certricate of Status Desired Desired Status Desired Status Desired Desired Status Desired Desired Desired Status Desired Desired Status Desired Desired Desired Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Signature of body of the state of the purpose of changing its rags stered office or registered agent, or both, in the State of Florida.    Signature	City & State		City & State			4. FEI Number 65-0	578932		
**************************************	Zip	Country	Zip	Country				Fee Required	
Street Address (IP-Dox Number is Note occessful)    Street Address (IP-Dox Number is Note occessful)   Street Address (IP-Dox Number is Number is Note occessful)   Street Address (IP-Dox Number is Number is Num		6. Name and Address of Current	Registered Agent	N		7. Name and Address of	f New Registe	red Agent	
8. The above named entity submits this statement for the purpose of changing its registered diffuse or registered agent, or both, in the State of Fiorida.  SIGNATURE  9. This corporation is digible to satisfy its intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee	VTO:	e projetenen ACENT CARRA	MICH						
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida.  SIGNATURE  Synate, typed or primate name of registered deposits of the corporation is eligible to sait by its Intangible Tax Hipsy requirement and elects to do so.  (Soo criteria on back)  The corporation is eligible to sait by its Intangible Tax Hipsy recurrement and elects to do so.  (Soo criteria on back)  Marker MAY 1, 2000 Fee will be \$359.00  Marker MAY 1, 2000 F	Officer / to						ce <b>SS</b>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  SIGNATURE    Synature, typed or string hear of registered agent and all applicable.   PATE	CLUT			25	2.5	looc		•	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorda.  SIGNATURE    Synature, typed or string hear of registered agent and all applicable.   PATE	MAN	#FL-00101		City				FI R	121
SIGNATURE  9. This corporation is eligible to satisfy its Intargible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$55.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NOWEL STRET ADDRESS  CITY-ST-2P  TILE NOWEL STRET ADDRESS  CITY-ST-2P  TILE NAME  STRET ADD	9 The above	named antity submits this statement to	r the nurnose of changing its	registered office or	registere	d agent, or both, in the St		· -   <u> </u>	,
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE Check Payable to Department of State  13. OFFICERS AND DIRECTORS  14. Addition Street Address to do so.  Make Check Payable to Department of State  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  16. OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  18. Addition STREET ADDRESS OFFI-5-7P  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES	o. The above	named entity submits this statement re	Take purpose of changing as	ragiotoree amee ar	rogiotoro	a agoin, or over, we are			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  LOST  KOSNITZKY, MICHAEL  TOST	SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signatu	ire required v	when reinstating)	D.	ATE	***
Task filing requirement and elects to do so.    See criteria on back    Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees				!!! FEE IS \$150.0		48 Flection Com	naiga Einanaias		
TITLE NAME CONSTRAY, MICHAEL NAME STREET ADDRESS CITY-ST-ZIP  TITLE DVP Delete TITLE NAME CONSTONE, DEBRA W STREET ADDRESS CITY-ST-ZIP  TITLE DVP Delete TITLE NAME COODSTONE, DEBRA W STREET ADDRESS CITY-ST-ZIP  TITLE DVP Delete TITLE NAME COODSTONE, DEBRA W STREET ADDRESS CITY-ST-ZIP  TITLE DVP Delete TITLE NAME COODSTONE, DEBRA W STREET ADDRESS CITY-ST-ZIP  TITLE DVP Delete TITLE NAME COODSTONE, DEBRA W STREET ADDRESS CITY-ST-ZIP  TITLE DVP DELETE TITLE NAME COODSTONE, DEBRA W STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DVP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZI	Tax filing requirement and elects to do so After MAY 1, 2000 Fee v					e Trust Fund Co	entribution.	☐ Added	to Fees
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CITY-ST-ZIP  TITLE  CCEO  MAME  KOSNITZKY, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  COEO  MIAMI FL  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  100 SE 2ND ST 28TH FLOOR  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  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	1		∟ Delete					onlying	
TITLE  CCEO  NAME  KOSNITZKY, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  10 SE 2ND ST 28TH FLOOR  STREET ADDRESS  CITY-ST-ZIP  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 orpopration 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		100 SE 2ND ST 28TH FLOOR							
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2/10/02 (305)