

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90174 038 ***550.00

DOCUMENT # P95000061491

1. Entity Name
KURLAND ASSOCIATES, INC.

Principal Place of Business
5820 S.W. 118TH STREET
MIAMI FL 33156

Mailing Address
5820 S.W. 118TH STREET
MIAMI FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business #
13611 Deering Bay Dr. #202
 Suite, Apt. #, etc.
Coral Gables
 City & State
FL
 Zip
33158
 Country
USA

3. Mailing Address #
13611 Deering Bay Dr. #202
 Suite, Apt. #, etc.
Coral Gables
 City & State
FL
 Zip
33156
 Country
USA

4. FEI Number **65-0617840** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 13, 2002 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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DOUGLAS M		NAME	MYERS, DOUGLAS M.	
STREET ADDRESS	% 5820 S.W. 118TH STREET		STREET ADDRESS	% 13611 Deering Bay Dr. #202	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Coral Gables, FL. 33158	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULVIN, DALE		NAME	KULVIN DALE	
STREET ADDRESS	% 5820 S.W. 118TH STREET		STREET ADDRESS	13611 DEERING BAY DR. #202	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP	Coral Gables, FL. 33158	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **DALE M. KULVIN** **REQUIRED** **8/6/2002 1-305-238-3807**

CR2E034 (4/02)