

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061526

1. Entity Name

KNECHT, KNECHT & ASSOCIATES, P.A.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90116 042 ***150.00

0184461

Principal Place of Business 1450 MADRUGA AVE SUITE 210 CORAL GABLES FL 33146 US	Mailing Address 1450 MADRUGA AVE SUITE 210 CORAL GABLES FL 33146 US
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UU048458



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 255 UNIVERSITY DR. Suite, Apt. #, etc.	3. Mailing Address 255 UNIVERSITY DR. Suite, Apt. #, etc.
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City & State CORAL GABLES FL	City & State CORAL GABLES FL
Zip 33134	Country USA
Zip 33134	Country USA

4. FEI Number 65-0604044	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KNECHT, HAROLD C JR
1450 MADRUGA AVE
SUITE 210
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
255 UNIVERSITY DR
City
CORAL GABLES FL Zip Code
33134

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]* HC KNECHT JR, Sec 4/26/01
(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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	P KNECHT, STEPHEN 1450 MADRUGA AVE, #210 CORAL GABLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNECHT, HAROLD C JR. 2600 DOUGLAS ROAD, #411 CORAL GABLES FL 33134 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 UNIVERSITY DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	255 UNIVERSITY DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 4/26/01 (305) 444-0237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)