

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90358 047 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P95000061526**

**1. Entity Name**  
**KNECHT, KNECHT & ASSOCIATES, P.A.**

**Principal Place of Business** **Mailing Address**  
~~255 UNIVERSITY DRIVE~~ *3211 Ponce de Leon Blvd* ~~255 UNIVERSITY DRIVE~~ *Leon Blvd*  
**CORAL GABLES FL 33134** **CORAL GABLES FL 33134**  
**US** **US**  
*Suite 302* *Suite 302*

**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** **65-0604044** **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**  
**KNECHT, HAROLD C JR** **Name**  
~~255 UNIVERSITY DRIVE~~ *3211 Ponce de Leon Blvd* **Street Address (P.O. Box Number is Not Acceptable)**  
**CORAL GABLES FL 33134** *Suite 302*  
**City** **FL** **Zip Code**

**8. The above named entity submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
**SIGNATURE** *[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 \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>[Signature]</i> <b>KNECHT, STEPHEN</b> <b>255 UNIVERSITY DRIVE</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>[Signature]</i> <b>KNECHT, HAROLD C JR.</b> <b>255 UNIVERSITY DRIVE</b> <b>CORAL GABLES FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
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**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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/22/02 (305) 444-037**  
**Date** **Daytime Phone #**

CR2E034 (9/01)