

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90090 005 ***150.00

DOCUMENT # P96000003258

1. Entity Name:
ALAN J. KAZAN, P.A.



Principal Place of Business:
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336**

Mailing Address:
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336**

2. Principal Place of Business:
200 S. Biscayne Blvd

3. Mailing Address:
200 S. Biscayne Blvd

Suite, Apt., #, etc.:
Suite 2500

Suite, Apt., #, etc.:
Suite 2500

City & State:
Miami, FL

City & State:
Miami, FL

Zip: **33131** Country: **USA**

Zip: **33131** Country: **USA**

4. FEI Number: **65-0831832**

Applied For:
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAZAN, ALAN J. P96000003258
200 SOUTH BISCAYNE BLVD.
SUITE 2500 KAZAN, P.A.
MIAMI FL 33131-2336**

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:
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336**

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAZAN, ALAN J. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAZAN, ALAN J. 200 S. BISCAYNE BLVD. SUITE 2500 MIAMI FL 33131-2336	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAZAN, ALAN J. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAZAN, ALAN J. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAZAN, ALAN J. 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRST 65-0831832 200 S. Biscayne Blvd. Suite 2500	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

3-3-03 305-350-2379

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)