

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000016177**1. Entity Name  
**KEITH DOUGLAS BARON, P.A.**

|  |    |  |    |
|--|----|--|----|
| Principal Place of Business<br>8333 W. MCNAB ROAD<br>SUITE 203<br>TAMARAC<br>33321<br>US | FL | Mailing Address<br>8333 W. MCNAB ROAD<br>SUITE 203<br>TAMARAC<br>33321<br>US | FL |
|--|----|--|----|

|  |  |
|--|--|
| 2. Principal Place of Business<br>10200 REFLECTIONS BOULEVARD WEST | 3. Mailing Address<br>10200 REFLECTIONS BOULEVARD WEST |
|--|--|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| Suite, Apt. #, etc.<br>APARTMENT 104 | Suite, Apt. #, etc.<br>APARTMENT 104 |
|--------------------------------------|--------------------------------------|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>SUNRISE<br>FL | City & State<br>SUNRISE<br>FL |
|-------------------------------|-------------------------------|

|              |               |              |               |
|--------------|---------------|--------------|---------------|
| Zip<br>33351 | Country<br>US | Zip<br>33351 | Country<br>US |
|--------------|---------------|--------------|---------------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0658459</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BARON KEITH DESQ**  
8333 WEST MCNAB ROAD  
SUITE 203  
TAMARAC  
33321  
US

FL

**7. Name and Address of New Registered Agent**Name  
**BARON KEITH DESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**10200 REFLECTIONS BOULEVARD WEST**  
**APARTMENT 104**  
City  
**SUNRISE****FL** Zip Code  
33351

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 **KEITH BARON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/24/2001**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BARON KEITH D<br>10220 REFLECTIONS BLVD WEST, APT 107<br>SUNRISE<br>FL 33351 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BARON KEITH D<br>10200 REFLECTIONS BLVD WEST, APT 104<br>SUNRISE<br>FL 33351 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|--|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>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: KEITH DOUGLAS BARON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD

04/24/2001

Date

Daytime Phone #

CR2E034 (11/00)