2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90070 024 ***150.00

DOCUMENT # P96000040342

1. Entity Name

H. JACOBSOHN AND COMPANY

Principal Place of Business	Mailing Address
7900 GLADES RD. STE. #510 BOCA RATON FL 33434-4105 US	7900 GLADES RD. STE. #510 BOCA RATON FL 33434-4105 US

528828

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. STE. #320	Suite, Apt. #, etc. STE. #320
City & State	City & State
Zip: 33434-4104 Country:	Zip: 33434-4104 Country:

4. FEI Number 65-0687674 ☐ 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
JACOBSOHN, HAROLD B. 7900 GLADES RD. STE. #510 BOCA RATON FL 33434	Name: JACOBSOHN, HAROLD B. Street Address (P.O. Box Number is Not Acceptable): 7900 GLADES RD. STE. #320 City: BOCA RATON **FL** Zip Code: 33434

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 _____ Harold B. Jacobsohn 4-10-01
Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBSOHN, HAROLD B 7900 GLADES RD, STE.#510 BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBSOHN, HAROLD B 7900 GLADES RD, STE.#320 BOCA RATON FL 33434	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT JACOBSOHN, BEATRIZ 7900 GLADES RD STE #510 BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT JACOBSOHN, BEATRIZ 7900 GLADES RD STE #320 BOCA RATON FL33434	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOOLIK, TANIA 6761 ENTRADA PL BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBSOHN, DAVID A M.D. 14 ST. GEORGES ROAD BALTIMORE MD 21210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ HAROLD B JACOBSOHN 3/30/01 561 883 5953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #