

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 018 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT-# P96000048269

1. Entity Name
THE LAW OFFICES OF JONATHAN KANE & ASSOCIATES, P

Principal Place of Business
400 NO ANDREWS AVENUE STE 100
FORT LAUDERDALE FL

Mailing Address
400 NO ANDREWS AVENUE STE 100
FORT LAUDERDALE FL

2. Principal Place of Business
1060 Sunset Strip
Suite, Apt. #, etc. Suite A
City & State Sunrise, FL
Zip 33313
Country Broward

3. Mailing Address
1060 Sunset Strip
Suite, Apt. #, etc. Suite A
City & State Sunrise, FL
Zip 33313
Country Broward

4. FEI Number **65-0669441** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
KANE, JONATHAN
400 NO ANDREWS AVENUE STE 100
FORT LAUDERDALE FL

7. Name and Address of New Registered Agent
Name Jonathan Kane
Street Address (P.O. Box Number is Not Acceptable)
1060 Sunset Strip, Suite A
City Sunrise FL Zip Code 33313

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 **DATE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	<input type="checkbox"/> Delete
NAME KANE, JONATHAN	<input type="checkbox"/> Delete
STREET ADDRESS 400 NO ANDREWS AVENUE STE 100	<input type="checkbox"/> Delete
CITY-ST-ZIP FORT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jonathan Kane	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1060 Sunset Strip, Suite A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP Sunrise, FL 33313	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **DATE** **1/6/01** **Daytime Phone #** **954-523-5123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/00)