

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90157 040 ***150.00

DOCUMENT # P96000053654

1. Entity Name
MICHAEL N. JONAS, P.A.

Principal Place of Business
1645 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH FL 33401

Mailing Address
1645 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

8328 Native Dancer Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Beach Gardens

City & State
Palm Beach Gardens

4. FEI Number **65-0678549**

Applied For
 Not Applicable

Zip **33418** Country **USA**

Zip **33418** Country **USA**

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

JONAS, MICHAEL N
1645 PALM BEACH LAKES BLVD
SUITE 1000
WEST PALM BEACH FL 33401

Name **Michael N. Jonas**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Arnstein & Lehr
515 North Flagler Drive Sixth Floor
 City **West Palm Beach** FL Zip Code **33401**

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 **Michael N. Jonas**

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

(NOTE: Registered Agent signature required when reinstating)

April 9, 2002
 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 **PSTD** ☐ Delete
 NAME **JONAS, MICHAEL N**
 STREET ADDRESS **1645 PALM BEACH LAKES BLVD STE 1000**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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: **Michael N. Jonas, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2002 (561) 650-8495
 Date Daytime Phone #

CR2E034 (9/01)