AMENDED (2002)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 19 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p96000074991

1. Entity Name

Honey L. Kober, P.A.

900009594959
12/19/02--01022--004 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
777 Brickell Ave.	777 Brickell Ave
Suite, Apt. #, etc. Suite 500	Suite, Apt. #, etc. Suite 500
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 65-0715860 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mary T. Naccarato

Street Address (P.O. Box Number is Not Acceptable): 3500 Segovia Street

City: Coral Gables FL Zip Code: 33134

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S/T Honey L. Kober 777 Brickell Ave Suite 500 Miami, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD Daniel J. Zemel 1045 19th St. #1B Miami Beach, FL 33139
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Honey L. Kober Honey L. Kober 12/4/02 305-347-6878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #