

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 050 ***150.00

DOCUMENT #

P97 000015183

1. Entity Name

GRANT KAPLAN & FRIEDGUT Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

KAPLAN GRANT

3. Mailing Address

P.O. Box 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#400 20283 SR7

City & State

City & State

BOCA RATON

DEERFIELD BEACH

Zip

Country

Zip

Country

33498

33442

4. FE Number

65-0729432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KAPLAN, GRANT

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

City

BOCA RATON

FL

Zip Code

33498

**DO NOT WRITE
IN THIS SPACE**

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

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)

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

P.S. VP
KAPLAN, GRANT

STREET ADDRESS
CITY-ST-ZIP

20283 SR7
#400 BOCA RATON FL 33498

TITLE
NAME

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)