

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

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

05-17-2002 90044 048 ***150.00

DOCUMENT # *P97000017946*

1. Entity Name

MORTON KOSTO, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FORT LAUDERDALE, FL

Suite, Apt. #, etc.

STE 100

2701 W. OAKLAND PK. BLVD

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Address

2701 W. OAKLAND PK., BLVD.

Suite, Apt. #, etc.

Suite 100

City & State

FT. LAUDERDALE, FL

Zip

33311

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3442477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MORTON KOSTO

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

2701 WEST OAKLAND PARK BLVD.

Suite 100

City

FT. Lauderdale

FL

Zip Code

33311

**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

Morton Kosto

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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
*MORTON KOSTO - PRESIDENT - P.A.
2701 W. OAKLAND PK BLVD.
SUITE 100
FT. LAUDERDALE, FL 33311*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Sec. Treas
MORTON KOSTO
2701 W. OAKLAND PK. BLVD. STE 100
FT. Lauderdale, FL 33311*

TITLE
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CITY - ST - ZIP

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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)(f), 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:

Morton Kosto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MORTON KOSTO

4/29/02

Date

954-764-7377

Daytime Phone #

CR2E034B (12/01)