## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000052273 May 16, 2000 8:00 am Secretary of State 1. Entity Name JEFFREY S. KAHN, P.A. 05-16-2000 90801 009 \*\*\*150.00 Principal Place of Business Mailing Address 2101 CORPORATE BLVD., STE. 220 2101 CORPORATE BLVD., STE. 220 **BOCA RATON FL 33431** BOCA RATON FL 33431-7319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3452676 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAHN, ESQ. J Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD STE 220 **BOCA RATON FL 33431** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME KAHN, JEFFREY S. STREET ADDRESS STREET ADDRESS 2101 CORPORATE BLVD STE 220 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME ADDDEGG STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-7IP 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.

SIGNING OFFICER OR DIRECTOR