

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90020 008 ***150.00

018330

DOCUMENT # P97000070047

1. Entity Name

THE LAW OFFICES OF RON BRADLEY KURTZ, P.A.

Principal Place of Business

Mailing Address

2225 SW 19TH AVE
 MIAMI FL 33145
 US

2225 SW 19TH AVE
 MIAMI FL 33145
 US

040094



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12865 W. Dixie Hwy
 Suite, Apt. #, etc.
 200

12865 W. Dixie Hwy
 Suite, Apt. #, etc.
 200

City & State

City & State

North Miami, FL

North Miami, FL

Zip

Country

33161

Zip

Country

33161

4. FEI Number

65-0776478

Applied For

Not Applicable

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

SACKRIN, ALAN
 3800 SOUTH OCEAN DR., STE. 219
 HOLLYWOOD FL 33019

Name

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

City

FL

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPT
 KURTZ, RON B
 2225 SW 19TH AVE
 MIAMI FL 33145 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 12865 West Dixie Hwy, #200
 North Miami, FL 33161 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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:

Ron Kurtz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01
 Date

(305) 888-1044
 Daytime Phone #

CR2E034 (10/00)