

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90057 005 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000072076

1. Entity Name

ROBERT D. KLAUSNER, P.A.

Principal Place of Business

Mailing Address

~~6565 TAFT ST., STE. 200~~  
~~HOLLYWOOD FL 33024~~

~~6565 TAFT ST., STE. 200~~  
~~HOLLYWOOD FL 33024~~

2. Principal Place of Business

10059 N.W. 1<sup>st</sup> Court  
Suite, Apt. #, etc.

3. Mailing Address

10059 N.W. 1<sup>st</sup> Court  
Suite, Apt. #, etc.

City & State  
Plantation, Florida

City & State  
Plantation, Florida

4. FEI Number

65-0774883

Applied For

Not Applicable

Zip

Country

33324

USA

Zip

Country

33324

USA

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

LEVINSON, ADAM P ESQ.

~~6565 TAFT ST.~~

~~STE 200~~

~~HOLLYWOOD FL 33024~~

Name

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

10059 N.W. 1<sup>st</sup> Court

City

Plantation

FL

Zip Code

33324

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

*Adam Levinson*

4/4/2000

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	KLAUSNER, ROBERT D	
STREET ADDRESS	6565 TAFT ST., STE. 200	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10059 N.W. 1 <sup>st</sup> Court	
CITY-ST-ZIP	Plantation, Florida 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Robert D. Klausner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.4.00 (954) 916-1202  
Date Daytime Phone #