

C UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086446

DA KULIK, P.A.

MATYLOA KULIK P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90108 032 ***150.00

Place of Business: ~~OAKLAND PARK BLVD.~~
~~FT. LAUDERDALE FL 33311~~
 Mailing Address: 801 W. OAKLAND PARK BLVD.
 SUITE B-9
 FT. LAUDERDALE FL 33311-1781

Principal Place of Business: 23272 BOCA TRACE DR
 Apt. #, etc.
 Mailing Address: 23272 BOCA TRACE DR
 Suite, Apt. #, etc.

State: BOCA RATON
 City & State: BOCA RATON
 FI 33433
 Country: FL 33433

4. FEI Number: 65-0785138
 Applied For: Not Applicable
 5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KULIK, MATYLOA
 801 W. OAKLAND PARK BLVD.
 SUITE B-9
 FT. LAUDERDALE FL 33311
 23272 BOCA TRACE DR
 BOCA RATON
 FI 33433

7. Name and Address of New Registered Agent

Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip Code:

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

1. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KULIK, MATYLOA	
STREET ADDRESS	801 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	23272 BOCA TRACE DR	<input type="checkbox"/> Delete
NAME	BOCA RATON	
STREET ADDRESS	FI 33433	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-00 (561) 445-2314
 Date Daytime Phone #

CP2E034 (9/99)