

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102665

1. Entity Name
KAHN & WAXMAN, P.A.

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90191 015 ***150.00

Principal Place of Business
2101 CORPORATE BLVD.
SUITE 220
BOCA RATON FL 33431

Mailing Address
2101 CORPORATE BLVD.
SUITE 220
BOCA RATON FL 33431-7319



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0798839**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAHN, JEFFREY S
2101 CORPORATE BLVD.
SUITE 220
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
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 _____ (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. ☐ **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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	KAHN, JEFFREY S	<input type="checkbox"/> Delete			
STREET ADDRESS	2101 CORPORATE BLVD., SUITE 220		STREET ADDRESS		
ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		
DV	WAXMAN, RICHARD H	<input type="checkbox"/> Delete			
STREET ADDRESS	2101 CORPORATE BLVD, STE 220		STREET ADDRESS		
ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP		
		<input type="checkbox"/> Delete			
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		

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: **JEFFREY S. KAHN** **3/29/00** **(561) 988-2100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)