

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P98000030456**

**1. Entity Name**  
**ROBERT F. KOHLMAN, P.A.**

05-28-2002 91732 042 \*\*\*150.00

**Principal Place of Business**      **Mailing Address**  
**1370 CORAL WAY**      **1370 CORAL WAY**  
**MIAMI FL 33145**      **MIAMI FL 33145**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
**2730 S.W. 3rd Avenue**      **2730 S.W. 3rd Avenue**  
**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**  
**#401**      **#401**

**City & State**      **City & State**  
**Miami, FL**      **Miami, FL**

**Zip**      **Country**      **Zip**      **Country**  
**33129-2323**      **U.S.A.**      **33129-2323**      **U.S.A.**

**4. FEI Number**      **65-0862101**      **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**

**KOHLMAN, ROBERT P.A.**      **Name**  
**1370 CORAL WAY**      **Street Address (P.O. Box Number is Not Acceptable)**  
**MIAMI FL 33145**      **2730 S.W. 3rd Avenue**  
**New Address →**      **Suite 401**  
**City**      **Miami**      **FL**      **Zip Code**  
**33129-2323**

**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.**      ☐      **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>KOHLMAN, ROBERT F ESQ.</b>		<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>1370 CORAL WAY</b>		<b>STREET ADDRESS</b>	<b>2730 S.W. 3rd Avenue, Suite 401</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33145</b>		<b>CITY-ST-ZIP</b>	<b>Miami, FL 33129-2323</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>			<b>NAME</b>		
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		

**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]*      **2/4/01**      **305-860-6106**

CR2E034 (9/01)