

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045237

1. Entity Name

DAVID KAMEN, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90017 025 \*\*\*158.75

Principal Place of Business

Mailing Address

~~501 SW 79 CT~~  
~~MIAMI FL 33144~~

~~501 SW 79 CT~~  
~~MIAMI FL 33144 2072~~

2. Principal Place of Business

3. Mailing Address

8357 W. FLAGLER

P.O. Box 3031

Suite, Apt. #, etc.

Suite, Apt. #, etc.

214

City & State

MIAMI

City & State

PORT CHARLOTTE

Zip

33144

Country

MIAMI DADE

Zip

33949-3031

Country

PORT CHARLOTTE

4. FEI Number

65-0861625

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

KAMEN, DAVID

~~501 SW 79 CT~~

~~MIAMI FL 33144~~

Name

8357 W. FLAGLER #214

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

City

MIAMI

FL

Zip Code  
33144

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, 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 ☐ Delete  
NAME KAMEN, DAVID MR.  
STREET ADDRESS 501 SW 79 CT  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 3031  
STREET ADDRESS PORT CHARLOTTE, FL 33949-3031  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KAMEN, JOSE MR.  
STREET ADDRESS 501 SW 79 CT  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 3031  
STREET ADDRESS PORT CHARLOTTE, FL 33949-3031  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ROBERT SCHWENEMANN, M.D.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME ROBERT SCHWENEMANN, M.D.  
STREET ADDRESS P.O. Box 3031  
CITY-ST-ZIP PORT CHARLOTTE, FL 33949-3031

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 941 380 6889