

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051955

1. Entity Name *Assessments, P.A.*
KAUFMAN & PORT, P.A.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90082 032 ***150.00

Principal Place of Business Mailing Address
2754 W. OAKLAND PARK BLVD.
OAKLAND PARK FL 33311
100 E. Sample Road
Suite 320
Pompano Beach, FL 33064

2754 W. OAKLAND PARK BLVD.
OAKLAND PARK FL 33064-3548

← (SAME)

2. Principal Place of Business 3. Mailing Address
100 E. Sample Road
Suite, Apt. #, etc. Suite, Apt. #, etc.
320 *Suite 320*

City & State City & State
Pompano Beach, FL *Pompano Beach, FL*
Zip Country Zip Country
33064 *USA* *33064* *USA*

4. FEI Number **65-0841836** 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

KAUFMAN, MARK D
2754 W. OAKLAND PARK BLVD.
OAKLAND PARK FL 33311

Name *MARK KAUFMAN*
Street Address (P.O. Box Number is Not Acceptable)
100 E. Sample Road
Suite 320
City *Pompano Beach* FL Zip Code *33064*

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 *Mark Kaufman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/27/00*

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

TITLE **D** ☐ Delete
NAME **KAUFMAN, MARK D ESQ.**
STREET ADDRESS **2754 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **OAKLAND PARK FL 33311**
TITLE **D** ☒ Delete
NAME **PORT, EDWARD N ESQ.**
STREET ADDRESS **2754 W. OAKLAND PARK BLVD.**
CITY-ST-ZIP **OAKLAND PARK FL 33311**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **KAUFMAN, MARK**
STREET ADDRESS **100 E. Sample Road, Suite 320**
CITY-ST-ZIP **Pompano Beach, FL - 33064**
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: *Mark Kaufman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/27/00* Daytime Phone # *954-788-1288*

CR2E034 (9/99)