

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092857

1. Entity Name

12015 PHASE I, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90005 014 ***150.00

Principal Place of Business Mailing Address
% ROY KAHN
3120 HOLIDAY SPRINGS BLVD., STE. 109
MARGATE FL 33063

2. Principal Place of Business 3. Mailing Address
100 JEFFERSON AVE 100 JEFFERSON AVE
Suite Apt. #, etc. Suite Apt. #, etc.
10001 10001

City & State City & State
MIAMI BEACH FL MIAMI BEACH, FL
Zip Zip
33139 33139
Country Country

4. FEI Number 65-0877545 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

KAHN, MORRIS
% ROY KAHN
3120 HOLIDAY SPRINGS BLVD., STE. 109
MARGATE FL 33063

Name KAHN, MORRIS
Street Address (P.O. Box Number is Not Acceptable)
100 JEFFERSON AVE
STE 10001
City MIAMI BEACH FL Zip Code 33139

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 Morris Kahn
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00
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 15, 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	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	KAHN, MORRIS	3210 HOLIDAY SPRINGS BLVD. STE 109	MARGATE FL 33063	<input type="checkbox"/>
ST	KAHN, MORRIS	3120 HOLIDAY SPRINGS BLVD, STE 109	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	AUDREY KAHN	100 JEFFERSON AVE STE 10001	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: Morris Kahn
Signature and typed or printed name of signing officer or director
4/28/00
Date Daytime Phone

CR2E034 (9/99)