

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 039 ***150.00

DOCUMENT # **P98000092857**

1. Entity Name
12015 PHASE I, INC.

Principal Place of Business Mailing Address
% ROY KAHN **% ROY KAHN**
3120 HOLIDAY SPRINGS BLVD., STE. 109 **3120 HOLIDAY SPRINGS BLVD., STE. 109**
MARGATE FL 33063 **MARGATE FL 33063-5417**

A0065761

2. Principal Place of Business 3. Mailing Address
100 JEFFERSON AVE **100 JEFFERSON AVE**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
10001 **10001**
MIAMI BEACH FL **MIAMI BEACH, FL**
33139 **33139**
Country **Country**

DO NOT WRITE IN THIS SPACE

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 **KAHN, MORRIS**
% ROY KAHN **Street Address (P.O. Box Number is Not Acceptable)**
3120 HOLIDAY SPRINGS BLVD., STE. 109 **100 JEFFERSON AVE**
MARGATE FL 33063 **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** **Morris Kahn**
 Signature, typed or printed name of registered agent and title, if applicable. DATE
MORRIS KAHN **4/23/01** **4/23/01**

9. The corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ 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	☐ Delete	TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	3210 HOLIDAY SPRINGS BLVD. STE 109		STREET ADDRESS	100 JEFFERSON AVE STE 10001	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	NAME	☐ Delete	TITLE	NAME	☒ Change ☐ Addition
STREET ADDRESS	3210 HOLIDAY SPRINGS BLVD, STE 109		STREET ADDRESS	100 JEFFERSON AVE STE 10001	
CITY-ST-ZIP	MARGATE FL 33063		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Morris Kahn** **Morris Kahn**
4/23/01 **4/23/01**

CR2E034 (9-99)