

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095739

1. Entity Name
M. KEIL HACKLEY, P.A.

Principal Place of Business
2875 N.E. 191ST STREET
STE 500
AVENTURA FL 33180

Mailing Address
2875 N.E. 191ST STREET
STE 500
AVENTURA FL 33180

2. Principal Place of Business
600 N. Pine Island Rd.

3. Mailing Address
600 N. Pine Island Rd.

Suite, Apt. #, etc.
Suite 450

Suite, Apt. #, etc.
Suite 450

City & State
Plantation, FL

City & State
Plantation, FL

Zip
33324

Country
USA

Zip
33324

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0874256

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

M. KEIL HACKLEY
2875 N.E. 191ST STREET
PENTHOUSE 1B
AVENTURA FL 33180

Name

Same

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

600 N. Pine Island Rd.

Suite 450

City
Plantation

FL

Zip Code
33324

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS M. KEIL HACKLEY
CITY-ST-ZIP 2875 N.E. 191ST STREET PENTHOUSE 1B
AVENTURA FL 33180

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 N. Pine Island Rd. Suite 450
CITY-ST-ZIP Plantation, FL 33324

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
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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 #

CR2E034 (10/00)