

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095968

1. Entity Name

DANIEL J. KANNER, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90065 017 ***150.00

Principal Place of Business

Mailing Address

~~7820 PETERS ROAD, STE. E-103~~
~~PLANTATION FL 33324~~

~~7820 PETERS ROAD, STE. E-103~~
~~PLANTATION FL 33317-2210~~

2. Principal Place of Business

7119 W. BROWARD BLVD

Suite, Apt. #, etc.

3. Mailing Address

7119 W. BROWARD BLVD

Suite, Apt. #, etc.

City & State

PLANTATION, FL 3

City & State

PLANTATION, FL

4. FEI Number

65-0888734

Applied For

Not Applicable

Zip

33317

Country

U.S.A

Zip

33317

Country

USA

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

KANNER, DANIEL J
7820 PETERS ROAD, STE. E-103
PLANTATION FL 33324

Name

KANNER, DANIEL J.

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

7119 W. BROWARD BLVD

City

PLANTATION, FL

FL

Zip Code

33317

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

DANIEL J. KANNER DIRECTOR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KANNER, DANIEL J	
STREET ADDRESS	7820 PETERS ROAD, STE. E-103	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL J. KANNER	
STREET ADDRESS	7119 W. BROWARD BLVD	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DANIEL J. KANNER

Date

Daytime Phone #

4/5/00 (954) 424-3306

CR2E034 (9/99)