

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90090 027 ***150.00

DOCUMENT # P98000106596

1. Entity Name
SCOTT D. KRAVETZ, P.A.



Principal Place of Business
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336**

Mailing Address
**2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336**

2. Principal Place of Business
**200 S. Biscayne Blvd
Suite, Apt. #, etc.
Suite 2500**

3. Mailing Address
**200 S. Biscayne Blvd
Suite, Apt. #, etc.
Suite 2500**

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33131 USA

Zip Country
33131 USA

4. FEI Number **65-0883251**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KRAVETZ, SCOTT D
2500 FIRST UNION FINANCIAL CENTER
SUITE 2500 KRAVETZ, P.A.
MIAMI FL 33131-2336**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRAVETZ, SCOTT D 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | KRAVETZ, SCOTT D 2500 FIRST UNION FINANCIAL CENTER | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SUITE 2500 MIAMI FL 33131-2336 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | KRAVETZ, SCOTT D 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST 65-0883251 200 S. Biscayne Blvd. Suite 2500 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT KRAVETZ

3/03/03

305-374-7580

Date Daytime Phone #

CR2E034 (10/02)