

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009317

1. Entity Name

BAKER & KANTOR, P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90180 014 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 600979
 NORTH MIAMI BEACH FL 33160

P.O. BOX 600979
 NORTH MIAMI BEACH FL 33160-0979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0887546

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

BAKER, IRA ROBERT ESQ
 16211 NE 12TH COURT
 NORTH MIAMI BEACH FL 33162

Name
~~IRA ROBERT BAKER, ESQ~~

Street Address (P.O. Box Number is Not Acceptable)
 2040 NE 163RD ST, #306

City
 NORTH MIAMI BEACH

FL

Zip Code
 33162

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]

IRA R. BAKER

4/26/00

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, 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
 PTD
 KANTOR, JONATHAN
 10275 COLLINS AVE
 MIAMI BEACH FL 33154 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DVPS
 BAKER, IRA R
 2324 NE 172ND STREET
 NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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] REQUIRE IRA R. BAKER

Date

Daytime Phone #

CR2E034 (9/99)