

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019090

1. Entity Name

KENNETH JACOBI AND ASSOCIATES, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90132 002 ***150.00

C0032199



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8811 NW 13 ST.
PEMBROKE PINES FL 33024

Mailing Address
8811 NW 13 ST.
PEMBROKE PINES FL 33024

2. Principal Place of Business
1020 NW 163 DR
Suite, Apt. #, etc.

3. Mailing Address
8811 NW 13 ST.
Suite, Apt. #, etc.

City & State
MIAMI Florida

City & State
Pembroke Pines, FL

Zip
33169

Country
USA

Zip
33024

Country
USA

4. FEI Number 65-0926924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JACOBI, KENNETH
8811 NW 13 ST.
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
Name: REGNUM GROUP, INC
Street Address (P.O. Box Number is Not Acceptable): 1020 NW 163 Drive
City: MIAMI FL Zip Code: 33169

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: (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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBI, KENNETH		NAME		
STREET ADDRESS	8811 NW 13 ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBI, AIMEE		NAME		
STREET ADDRESS	8811 NW 13 ST.		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33024		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 914-3364

CR2E034 (10/00)

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