

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90013 024 ***150.00

DOCUMENT # P99000019090

1. Entity Name
KENNETH JACOBI AND ASSOCIATES, INC.

Principal Place of Business

**1020 NW 163RD DRIVE
 MIAMI FL 33169**

Mailing Address

**8811 NW 13 ST.
 PEMBROKE PINES FL 33024**

2. Principal Place of Business

8181 NW 36 Street

Suite, Apt. #, etc.

Suite 4

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami Florida

City & State

Zip
33166

Country
DADE

Zip

Country

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

**REGNUM GROUP, INC
 1020 NW 163RD DRIVE
 MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **Regnum Group, Inc.**

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

8181 NW 36 Street

Suite # 4

City **Miami**

FL

Zip Code
33166

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

1-9-02

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, 2002 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

TITLE **P** ☐ Delete
 NAME **JACOBI, KENNETH**
 STREET ADDRESS **8811 NW 13 ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **TS** ☐ Delete
 NAME **JACOBI, AIMEE**
 STREET ADDRESS **8811 NW 13 ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 305-468-1645
 Date Daytime Phone #

CP2E034 (9/01)