

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000023691

1. Entity Name

FELDENKRAIS & ASSOCIATES, P.A.

FILED
May 18, 2000 8:00 am
Secretary of State

04-28-2000 90051 020 ***150.00

Principal Place of Business
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

Mailing Address
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126-2065

2. Principal Place of Business
290 NW 165 Street
Suite, Apt. #, etc.
Suite Plaza 100
City & State
Miami, Florida

3. Mailing Address
290 NW 165 Street
Suite, Apt. #, etc.
Suite Plaza 100
City & State
Miami, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number
105-0904647

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

6. Name and Address of Current Registered Agent
FELDENKRAIS, MICHAEL
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
Michael Feldenkrais
Street Address (P.O. Box Number is Not Acceptable)
290 NW 165 Street
Suite Plaza 100
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 DATE 1/4/99
(NOTE: Registered Agent signature required when reinstating)

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	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	President	Michael Feldenkrais 290 NW 165 Street, Suite 100 Miami, FL 33169			

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: DATE 1/4/99 (305) 945-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)