

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90064 042 ***150.00

DOCUMENT # P99000040837

1. Entity Name

KENNETH H. TRIBUCH, P.A.

Principal Place of Business

Mailing Address

8459 N. BAYSHORE DR.
 MIAMI FL 33138

8459 N. BAYSHORE DR.
 MIAMI FL 33138-3454

00006859



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2100 Coral Way

2100 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 403

Suite 403

City & State

City & State

Miami FL

Miami, FL

4. FEI Number

65-0933896

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

TRIBUCH, KENNETH H ESQ.
 8459 N. BAYSHORE DR.
 MIAMI FL 33138

Name

Kenneth H. Tribuch, Esq.

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

2100 Coral Way

Suite 403

City

Miami

FL

Zip Code

33145

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

Kenneth H. Tribuch

Kenneth H. Tribuch Director

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	D	<input type="checkbox"/> Delete
NAME	TRIBUCH, KENNETH H	
STREET ADDRESS	8459 N. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Kenneth H. Tribuch
 TRIBUCH, KENNETH H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
 Date

305-285-8853
 Daytime Phone #

CR2FR24 (9/00)