

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90063 027 ***150.00

DOCUMENT # P99000058163

1. Entity Name
VERNE N. KAPLAN, INC.

Principal Place of Business

**767 S. STATE ROAD 7
SUITE 5B
MARGATE FL 33068**

Mailing Address

**767 S. STATE ROAD 7
SUITE 5B
MARGATE FL 33068**

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 **65-0932063**

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

**KAPLAN, VERNE N
767 S. STATE ROAD 7
SUITE 5B
MARGATE FL 33068**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **KAPLAN, VERNE N**
STREET ADDRESS **767 S. STATE ROAD 7**
CITY-ST-ZIP **MARGATE FL 33068**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

08-22-02

Date

Daytime Phone #

954 969 0095

CR2E034 (4/02)

Attachment.

#P99000058163
124374

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Re: 2002 Uniform Business Report
Verne N. Kaplan, Inc
65-0932063

To Whom It May Concern:

Enclosed please find check payable to Department of State for \$150.00. We never received the first notification. Upon receiving second notice, we contacted our CPA who explained that we should have received notification that \$150.00 was due by a certain date. Again, having not received the first notice, **we are respectfully requesting to abate the penalty.** Please accept the enclosed check for payment of our 2002 corporate filing fee.

Sincerely,


Verne N. Kaplan

08-22-02