

DOCUMENT # P99000067111

1. Entity Name

ADAM KAUFMAN P.A.

Principal Place of Business

2905 NE 190 STREET #204  
AVENTURA FL 33180

Mailing Address

2905 NE 190 STREET #204  
AVENTURA FL 33180

2. Principal Place of Business

13464 SW 27<sup>TH</sup> ST

Suite, Apt. #, etc.

3. Mailing Address

13464 SW 27<sup>TH</sup> ST

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

City & State

Miramar, FL

Zip

33027

Country

USA

4. FEI Number

65-0936834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, ADAM  
2905 NE 190 STREET #204  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name Adam Kaufman

Street Address (P.O. Box Number is Not Acceptable)  
13464 SW 27<sup>TH</sup> ST

City Miramar

FL

Zip Code  
33027

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

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

TITLE PVST  
NAME KAUFMAN, ADAM  
STREET ADDRESS 2905 NE 190 STREET #204  
CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90056 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)