

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075856

1. Entity Name

B. NIKLAS BRIHAMMAR, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90038 045 ***150.00

Principal Place of Business

Mailing Address

1800 ATLANTIC BLVD., #A-210
KEY WEST FL 33040

1800 ATLANTIC BLVD., #A-210
KEY WEST FL 33040-5391

2. Principal Place of Business

617 Whitehead Street

3. Mailing Address

617 Whitehead Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Key West, FL		City & State Key West, FL		4. FEI Number 65-0947289	Applied For <input type="checkbox"/> Not Applicable
Zip 33040	Country	Zip 33040	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIHAMMAR, B. NIKLAS
1800 ATLANTIC BLVD., #A-210
KEY WEST FL 33040

Name (Same)
Street Address (P.O. Box Number is Not Acceptable) 617 Whitehead Street
City Key West
State FL
Zip Code 33040

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 B. NIKLAS BRIHAMMAR PRESIDENT. 4/20/00
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. ☐ **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	PSTD BRIHAMMAR, B. NIKLAS 1800 ATLANTIC BLVD., #A-210 KEY WEST FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same) (Same) 617 WHITEHEAD STREET KEY WEST, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 B. NIKLAS BRIHAMMAR 4/20/00 (305) 292-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)