

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075856

1. Entity Name

B. NIKLAS BRIHAMMAR, P.A.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90024 028 ***150.00

Principal Place of Business

617 WHITEHEAD ST
KEY WEST FL 33040

Mailing Address

617 WHITEHEAD ST
KEY WEST FL 33040

2. Principal Place of Business

417 EATON ST

3. Mailing Address

417 EATON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

Zip

33040

Country

4. FEI Number

65-0947289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRIHAMMAR, B. NIKLAS
617 WHITEHEAD ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name (same)

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

417 EATON ST

City KEY WEST

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

B. NIKLAS BRIHAMMAR, PRESIDENT

4/20/01

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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD BRIHAMMAR, B. NIKLAS 617 WHITEHEAD ST KEY WEST FL 33040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	(same) (same) 417 EATON ST KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. NIKLAS BRIHAMMAR

4/20/01

(305) 292-3200

CR2E034 (10/00)