

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90258 026 ***150.00

DOCUMENT # S14977

1. Entity Name

PEED, KOROSS, FINKELSTEIN & CRAIN, P.A.

Principal Place of Business

**350 SE 2ND ST #500
 FT LAUDERDALE FL 33301
 US**

Mailing Address

**350 SE 2ND ST #500
 FT LAUDERDALE FL 33301
 US**

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 **65-0227637**

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

**FINKELSTEIN, RONALD D.
 350 SE 2ND STREET
 SUITE 500
 FORT LAUDERDALE FL 33301**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAIN, MICHAEL A.	
STREET ADDRESS	350 SE 2ND ST #500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KOROSS, LEROY	
STREET ADDRESS	350 SE 2ND ST #500	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FINKELSTEIN, RONALD	
STREET ADDRESS	350 SE 2ND ST #500	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEED, BILLY	
STREET ADDRESS	350 SE 2ND ST #500	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/01

954-760-9000

CR2E034 (10/00)