

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90312 037 ***150.00

DOCUMENT # S53902

1. Entity Name

CASEY AND MOLCHAN PROFESSIONAL ASSOCIATION

Principal Place of Business

1499 W. PALMETTO PARK RD
300
BOCA RATON FL 33486

Mailing Address

1499 W. PALMETTO PARK RD
300
BOCA RATON FL 33486

2. Principal Place of Business

3601 N.E. 17th Ave.
Suite, Apt. #, etc.
Ft. Lauderdale FL

3. Mailing Address

3601 N.E. 17th Ave.
Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0263185

Applied For

Not Applicable

Zip

33334

Country

USA

Zip

33334

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, MICHAEL R.
1499 W. PALMETTO PARK RD
STE 300
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

3601 N.E. 17th Ave.

City

Ft. Lauderdale

FL

Zip Code

33334

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

Michael R. Casey, President 3/28/01

(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	D	<input type="checkbox"/> Delete
NAME	CASEY, MICHAEL R.	
STREET ADDRESS	1499 W. PALMETTO PARK RD STE 300	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	S/T/D/V	<input type="checkbox"/> Delete
NAME	KATHLEEN M. CASEY	
STREET ADDRESS		
CITY-ST-ZIP		
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3601 N.E. 17th Ave.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33334	
TITLE	V/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN M. CASEY	
STREET ADDRESS	3601 N.E. 17th Ave	
CITY-ST-ZIP	Ft. Lauderdale FL 33334	
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		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/01 954-565-3701

Daytime Phone #

0328197

CR2E034 (10/00)