

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38978

1. Entity Name

NUCLEAR STUDIES OF SOUTH FLORIDA, P.A.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90065 042 ***150.00

Principal Place of Business

Mailing Address

5458 TOWN CENTER RD.
#102
BOCA RATON FL 33486
US

P.O. BOX 11697
FT LAUDERDALE FL 33339-1697
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0335892

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOTLER, ANITA PAOLI, ESQUIRE
1720 HARRISON STREET, STE #60W
HOLLYWOOD FL 33020

Name

KOTLER, ANITA PAOLI, ESQUIRE

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

1720 Harrison Street, Ste #60W

Hollywood, FL 33020

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

Anita Paoli Kotler

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

(NOTE: Registered Agent signature required when reinstating)

2/25/00

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, 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 PVS
NAME KOTLER, JON ALLEN
STREET ADDRESS 4725 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE TD
NAME KOTLER, JON ALLEN
STREET ADDRESS 4725 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00
Date

(954) 925-8441
Daytime Phone #

CR2E034 (9/99)