

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90072 026 \*\*\*150.00

**DOCUMENT # 600095**

1. Entity Name  
**DR. NORMAN NASH, P.A.**

Principal Place of Business  
**2140 W 88 STR**  
**HIALEAH FL 33016**  
**US**

Mailing Address  
**13669 DEERING BAY DR**  
**MIAMI FL 33158**  
**US**



2. Principal Place of Business  
**13550 SW 88 Street**

3. Mailing Address

Suite, Apt. #, etc.  
**# 230**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

4. FEI Number **59-0946228**

Applied For  
 Not Applicable

Zip  
**33186**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NASH, BARBARA**  
**13669 DEERING BAY DR**  
**MIAMI FL 33158**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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, 2002 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	NASH, DR NORMAN		
13669 DEERING BAY DRIVE			
MIAMI FL			
VDST	NASH, BARBARA		
13669 DEERING BAY DR			
MIAMI FL			

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: *Barbara Nash* **Barbara Nash**

Date: **1/30/02** Daytime Phone #: **(305) 383-2151**

CR2E034 (9/01)