

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603179

1. Entity Name

M.H. WEISBERG D.P.M., P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90224 039 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 541046
MERRITT ISLAND FL 32954
US

P.O. BOX 541046
MERRITT ISLAND FLA 32954-1046
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 59-1363966

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

7. Name and Address of New Registered Agent

BURKE, MATTHEW T. CPA
503 N. ORLANDO AVENUE
SUITE 6
COCA BEACH FL 32931

Name

Street Address (Do Not Leave Blank or Not Acceptable)

MATTHEW T. BURKE CPA
503 N. ORLANDO AVE., SUITE 106
COCA BEACH, FL 32931

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

Matthew T. Burke CPA

2/13/00

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, 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 PD ☐ Delete
NAME WEISBERG, M H
STREET ADDRESS P.O. BOX 541046 N/A
CITY-ST-ZIP MERRITT ISLAND, FL 00000 32954

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Matthew T. Burke CPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00 321 452 7254

Date

Daytime Phone #

CR2E034 (9/99)