

2000 UNIFORM BUSINESS REPORT (UBR)

6/27/00-90003-015-\$150.00-\$150.00

PR 193

FILED

00 JUL 14 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00066206

DO NOT WRITE IN THIS SPACE

DOCUMENT # **G32206**

1. Entity Name

Allan I. Jacob MD, PA

[Handwritten Signature]

Principal Place of Business

16800 NW 2nd Ave
Suite 208
N. Miami Bch, FL 33169

Mailing Address

19559 NE 10th Ave
N. Miami Bch, FL
33179

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

59-2273998

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

Birnbaum, Marc P
1031 Ives Dairy Rd
Suite 228
Miami FL 33179

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, 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	DP	<input type="checkbox"/> Delete
NAME	JACOB, Allan I	
STREET ADDRESS	16800 NW 2nd Ave Ste 208	
CITY-ST-ZIP	N. Miami Bch, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

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FABIOLA B. SCHLESSINGER, M.D., PH.D.
ALLAN I. JACOB, M.D., P.A.
CLIFF M. GLASSER, D.O., P.A.

PRACTICE LIMITED TO NEPHROLOGY AND HYPERTENSION

June 19, 2000

To whom it may concern:

Upon the recommendation of Mr. Fisher at your office, I am writing to request that the late filing fee of \$400.00 be waived. Our annual report for the year 2000 was never received.

Thank you,



Allan I Jacob M.D.,P.A.

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ALLAN I. JACOB, M.D., P.A.
CLIFF M. GLASSER, D.O., P.A.
FABIOLA B. SCHLESSINGER, M.D., PH.D.
PRACTICE LIMITED TO NEPHROLOGY AND HYPERTENSION

July 11, 2000

Reference number: **G32206**

Attached you will find a copy of the letter we received regarding a balance due of \$400.00 before the annual report/uniform business report can be filed for the year 2000.

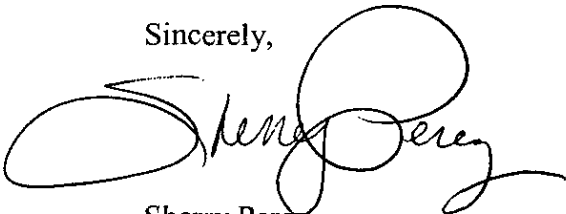
I notified your office in the beginning of June that it had come to my attention that we never received our "2000" annual report, so I was sent a blank one to fill out and send in right away. Mr. Fisher informed me that since we have never been late in the past, and non-payment was due to the fact we never received the form, we would be able to waive the late fee just one time. He instructed me to write a note to that effect, a copy is attached, and send the \$150.00 filing fee.

Upon receiving the attached notice, I called your office and spoke with a gentleman by the name of Tyrone. He instructed me to once again write a letter explaining the payment of \$150.00 rather than \$550.00. He felt that there should be no problem with the annual report being filed as is.

Please contact me regarding this matter. I can be reached at 305-651-3261, extension 228. If I do not hear from your office I will assume that the late filing fee was waived.

I thank you in advance for your assistance.

Sincerely,



Sherry Perez
Office Manager
Allan I Jacob MDPA