

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H58700

1. Entity Name

ROSLYN PASS, PHD., P.A.

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

03-03-2000 90021 027 \*\*\*150.00

Principal Place of Business  
8966 SW 87TH COURT  
SUITE 25  
MIAMI FL 33176  
US

Mailing Address  
8966 SW 87TH COURT  
SUITE 25  
MIAMI FL 33176-2220  
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 **59-2541586**

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

FRIED, RONALD L.  
9400 S. DADELAND BLVD.  
S-425  
MIAMI FL 33156

Name  
**PASS, ROSLYN**  
Street Address (P.O. Box Number is Not Acceptable)  
**8966 SW 87th COURT**  
**SUITE 25**  
City **MIAMI** **FL** Zip Code **33176**

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 based on 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTV  
PASS, ROSLYN  
1320 S. DIXIE HWY., #860  
CORAL GABLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8966 SW 87th COURT SUITE 25  
MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PASS, ROSLYN  
1320 S. DIXIE HWY., #860  
CORAL GABLES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8966 SW 87th COURT SUITE 25  
MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)