

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90158 027 \*\*\*150.00

**DOCUMENT #** P02000067281

**1. Entity Name**  
MERIAM SHATHER, P.A.



**Principal Place of Business**  
1234 SW 46TH AVENUE  
DEERFIELD BEACH FL 33442

**Mailing Address**  
1234 SW 46TH AVENUE  
DEERFIELD BEACH FL 33442

**2. Principal Place of Business**  
1234 SW 46th Ave.

**3. Mailing Address**  
1234 SW 46th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



**City & State**  
Deerfield Bch  
**Zip**  
33442

**Country**  
USA

**City & State**  
Deerfield Bch  
**Zip**  
33442

**Country**  
USA

**4. FEI Number**  
03-0464700

**Applied For**  
☐ Not Applicable

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

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

SHATHER, MERIAM  
1234 SW 46TH AVENUE  
DEERFIELD BEACH FL 33442

**7. Name and Address of New Registered Agent**  
**Name** Shather, Meriam  
**Street Address (P.O. Box Number is Not Acceptable)** 1234 SW 46th Avenue  
**City** Deerfield Beach **FL** **Zip Code** 33442

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Meriam I. Shather*

**DATE** 01-07-03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PSTD	<input type="checkbox"/> Delete
<b>NAME</b>	SHATHER, MERIAM	
<b>STREET ADDRESS</b>	1234 SW 46TH AVENUE	
<b>CITY-ST-ZIP</b>	DEERFIELD BEACH FL 33442	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Meriam I. Shather*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE** 1-7-03 **DAYTIME PHONE #** (561) 306-5343

CR2E034 (10/02)