

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-19-2002 90050 021 ***150.00

DOCUMENT # P98000095301

1. Entity Name
BEHNAM BIRGANI, D.O., P.A.

Principal Place of Business
**3881 EAST LAKE ESTATES DR.
 FORT LAUDERDALE FL 33328
 US**

Mailing Address
**3881 EAST LAKE ESTATES DR.
 FORT LAUDERDALE FL 33328
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Davie FL

City & State
Davie FL

4. FEI Number **65-0879348**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**BIRGANI, BEHNAM DR
 4301 N. FEDERAL HWY.
 SUITE 6
 POMPANO BEACH FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)
3881 East Lake Estates Drive

City **Davie** **FL** Zip Code **33328**

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE **D** ☐ Delete
 NAME **BIRGANI, BEHNAM DR**
 STREET ADDRESS **4301 N. FEDERAL HWY., STE. 6**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☒ Change ☐ Addition
 NAME **3881 East Lake Estates Drive**
 STREET ADDRESS **Davie FL**
 CITY-ST-ZIP **33328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)