

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90091 009 ***150.00

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DOCUMENT # S27049

1. Entity Name
BETH-HELEN WOLFE, P.A.



Principal Place of Business
**8100 N. UNIVERSITY DR.
SUITE 202
TAMARAC FL 33321
US**

Mailing Address
**8100 N. UNIVERSITY DR.
SUITE 202
TAMARAC FL 33321
US**



2. Principal Place of Business

3. Mailing Address

2525 N. State Rd. 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2525 N. State Rd 7

Hollywood, FL.

City & State

City & State

Hollywood, FL

Zip

Country

Zip

Country

33029 US

33021 US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0260698**

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

**ROBERTS, JAMES
18200 N.W. 19TH STREET
PEMBROKE PINES FL 33029**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, BETH-HELEN	
STREET ADDRESS	8100 N. UNIVERSITY DR., STE. 202	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03
Date

954-438-8378
Daytime Phone #

CR2E034 (10/02)