

2000 UNIFORM BUSINESS REPORT (UBR)

02165/9

DOCUMENT #

1. Entity Name

CHASE HEALTHCARE

D.O. PAULSON & ASSOCIATES, INC.

FILED

00 APR 28 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

407 LINCOLN RD. STE 5-B
MIAMI BEACH FL 33139

407 LINCOLN RD. STE 5-B
MIAMI BEACH FL 33139-3008

2. Principal Place of Business

3. Mailing Address

3471 NW 55 STREET

3471 NW 55 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0643710

Applied For

Not Applicable

Zip

33309

Country

BREMAN

Zip

33309

Country

BREMAN

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

BRITO, LUIS G
407 LINCOLN RD, STE 5-B
MIAMI BEACH FL 33139

Name

DENNIS J. PAULSON

Street Address (P.O. Box Number is Not Acceptable)

3471 NW 55 STREET

City

FT. LAUDERDALE

FL

Zip Code

33309

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

Dennis J. Paulson

4-27-2000

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

TITLE PD
NAME PAULSON, DENNIS J
STREET ADDRESS 2881 E OAKLAND PARK BLVD, #302
CITY-ST-ZIP FORT LAUDERDALE FL 33306

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
DENNIS J. PAULSON
3471 NW 55 STREET
FT. LAUDERDALE, FL 33309

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200003248812-2
-05/11/00--01088--003
****150.00 ****150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 #

4-27-2000 (1950) 484-2600

CR2E034 (9/99)