

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90162 044 ***150.00

DOCUMENT # P96000038522

1. Entity Name

PETER M. FLAX, D.C., P.A.

Principal Place of Business

3770 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311

Mailing Address

3770 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

6115 MIRAMAR PARKWAY

3. Mailing Address

2551 NW 105TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1E

City & State

MIRAMAR FL

City & State

CORAL SPRINGS FL

Zip

Country

Zip

Country

33023

USA

33065

USA

4. FEI Number

65-0683953

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

FLAX, PETER M DR
3770 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311

Name

FLAX, PETER M DR.

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

2551 NW 105TH TERRACE

City

CORAL SPRINGS

FL

Zip Code

33065

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] DR. PETER M. FLAX

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

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, 2001 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 DR
NAME FLAX, PETER M
STREET ADDRESS 3770 W OAKLAND PARK BLVD
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE DR
NAME FLAX, PETER M.
STREET ADDRESS 2551 NW 105TH TERRACE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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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] DR. PETER M. FLAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/01

954-557-3529

CR2E034 (10/00)