

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-26-2001 90043 025 ***150.00

DOCUMENT # K22787

1. Entity Name

SACHS, MORRIS & SKLAVER MEDICAL EDUCATION & DIAG

Principal Place of Business

Mailing Address

7353 NW FOURTH STREET
PLANTATION FL 33317

7353 NW FOURTH STREET
PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0048715**

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

SCHNEIDER, LAZ L
600 CORPORATE DR
SUITE 400
FORT LAUDERDALE FL 33334

Name **SKLAVER, ALLEN**

Street Address (P.O. Box Number is Not Acceptable)
7353 NW 4TH ST

City **PLANTATION**

FL

Zip Code **33317**

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, 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, 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	DP	<input type="checkbox"/> Delete
NAME	SKLAVER, ALLEN	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MORRIS, JAMES	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MORRIS, MICHELLE	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MESTRE, ALBERTO	
STREET ADDRESS	7353 NW 4TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/12/01 954 584 6320
Date Daytime Phone #

CR2034 (10/00)