

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90070 045 \*\*\*150.00

**DOCUMENT # P94000093360**

1. Entity Name

LANA M. STERN, PH.D., P.A.

Principal Place of Business

2121 PONCE DE LEON BLVD  
 SUITE 440  
 CORAL GABLES FL 33134

Mailing Address

2121 PONCE DE LEON BLVD  
 SUITE 440  
 CORAL GABLES FL 33134

88214



DO NOT WRITE IN THIS SPACE

**LANA M. STERN, PH.D., P.A. LANA M. STERN, PH.D., P.A.**

1450 MADRUGA AVENUE, SUITE 310  
 CORAL GABLES, FLORIDA 33146

1450 MADRUGA AVENUE, SUITE 310  
 CORAL GABLES, FLORIDA 33146

4. FEI Number

65-0550055

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and use 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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**LANA M. STERN**  
**1450 MADRUGA AVENUE, SUITE 310**  
**CORAL GABLES, FLORIDA 33146**

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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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

4/20/02 (305) 448-5006  
 Date Daytime Phone #

CR2E034 (9/01)