## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 451537**

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity Name

ROBERT WASKIN D.O., P.A.

Principal Place of Business 17971 BISCAYNE BLVD. NORTH MIAMI BCH FL 33160

2. Principal Place of Business

WASKIN.ROBERT

17971 BISCAYNE BLVD. NORTH MIAMI BCH FL 33160

9. This corporation is eligible to satisfy its Intangible

WASKIN, ROBERT D.O.

17971 BISCAYNE BLVD.

NORTH MIAMI BCH FL

Tax filing requirement and elects to do so.

(See criteria on back)

PTD

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

17971 BISCAYNE BLVD.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

NORTH MIAMI BCH FL 33160-2578

Country

FILE NOW!!! FEE IS \$150.00

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12.

TITLE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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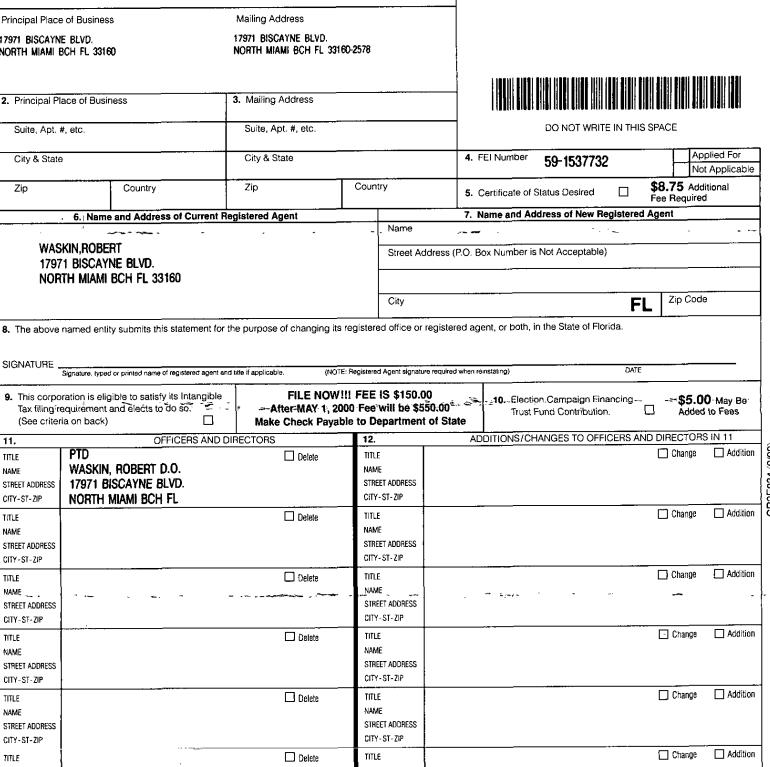
CITY-ST-ZIP

CITY-ST-ZIP

Name

## FILED Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90215 005 \*\*\*150.00



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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: 上

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #