

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 473043

1. Entity Name
RICHARD STUART FRIEFELD, M.D., P.A.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 030 ***150.00

Principal Place of Business Mailing Address
16870 NE 19TH AVENUE 16870 NE 19TH AVENUE
NO MIAMI BEACH FL 33162 NO MIAMI BEACH FL 33162

2. Principal Place of Business 3. Mailing Address
16601 NE 19th Avenue 16601 NE 19th Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
North Miami Beach, FL North Miami Beach, FL
Zip Country Zip Country
33162 33162

4. FEI Number 59-1594735 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
FRIEFELD, RICHARD
16870 N.E. 19 AVE.
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
16601 NE 19th Avenue
City North Miami Beach FL Zip Code 33162

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. ☐ 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
TITLE NAME ☐ Delete
PD FRIEFELD, RICHARD
STREET ADDRESS 16870 NE 19TH AVE
CITY-ST-ZIP NORTH MIAMI BEACH FL
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☒ Change ☐ Addition
16601 NE 19th Avenue
STREET ADDRESS North Miami Beach, FL 33162
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
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 Date Daytime Phone #

0201818

CR2E034 (10/00)