

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90126 024 ***150.00

DOCUMENT # 540910

1. Entity Name
JAMES L. BIERFELD, M.D., P.A.



Principal Place of Business
9299 SW 152ND ST #203
MIAMI FL 33157

Mailing Address
9299 SW 152ND ST #203
MIAMI FL 33157

00072777



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6700 S.W. 144 st
 Suite, Apt. #, etc.

3. Mailing Address
6700 S.W. 144 st
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-1746252

Applied For
 Not Applicable

Zip
33158

Country
USA

Zip
33158

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIERFELD, JAMES L
9299 SW 152ND ST #203
MIAMI FL 33157

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD**
 NAME **BIERFELD, JAMES L.**
 STREET ADDRESS **9299 SW 152 ST**
 CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JAMES L. BIERFELD, MD**
 NAME
 STREET ADDRESS **6700 S. W. 144TH STREET**
 CITY-ST-ZIP **MIAMI, FLORIDA 33158**

☒ Change ☐ Addition

Correction

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 of James L. Bierfeld, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. BIERFELD, MD

7-6-01

(305) 255-5655

Date

Daytime Phone #

0047973 AV

CR2E034 (5/01)

Attachment
Doc # 540910
C6072777

James L. Bierfeld, M.D., P.A.
6700 S.W. 144th. Street
Miami, Florida 33156

July 3, 2001

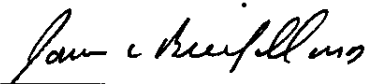
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Gentlemen;

Enclosed please find my completed 2001 Uniform Business Report and payment in the amount of \$ 150. This is the first report I have received since I moved my office. Obviously, the original report was never forwarded. The corporation has been in existence since 1977 and has never been late in filing prior Annual Report forms.

I trust that the original filing fee will be acceptable based upon the foregoing.

Respectfully yours;



James L. Bierfeld, M.D.

President of James L. Bierfeld, M.D., P.A.