

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 566672

1. Entity Name

THORNBURGH, GARBER & KETABCHI, M.D., P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90373 013 ***150.00

Principal Place of Business

605 SAN MARCO DR
FT LAUDERDALE FL 33301

Mailing Address

605 SAN MARCO DR
FT LAUDERDALE FL 33301-2547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1798986

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

GARBER HAROLD E
605 SAN MARCO DRIVE
FT. LAUDERDALE FL 33301

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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	THORNBURGH, DAVID B	
STREET ADDRESS	420 W SAN MARINO DR	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	GARBER, HAROLD E.	
STREET ADDRESS	605 SAN MARCO DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MASOUD, KETABCHI	
STREET ADDRESS	7245 GLENEAGLE DRIVE	
CITY-ST-ZIP	MIAMI LAKE FL 33014	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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 life empowered.

SIGNATURE:

Harold E. Garber
HAROLD E. GARBER
PRESIDENT

4/21/2000

954-760-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)