

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600036

1. Entity Name

JACOBSON & LEONE, M.D., P.A.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90234 003 ***150.00

Principal Place of Business

2125 BISCAYNE BLVD.

SUITE 580

MIAMI FL 33137

Mailing Address

2125 BISCAYNE BLVD.

SUITE 580

MIAMI FL 33137

749499

2. Principal Place of Business

9301 N.E. 6th Ave

Suite, Apt. #, etc.

C-302

3. Mailing Address

9301 N.E. 6th Ave

Suite, Apt. #, etc.

C-302



DO NOT WRITE IN THIS SPACE

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

4. FEI Number

59-0937912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACOBSON, GEORGE
2125 BISCAYNE BLVD.
SUITE 580
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

JACOBSON, GEORGE

Street Address (P.O. Box Number is Not Acceptable)

Dr. George Jacobson

Suite C-302

9301 N.E. 6th Avenue

City

Miami Shores, FL 33138-2855

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

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

President George Jacobson

4/19/01

(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, 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	PD	<input type="checkbox"/> Delete
NAME	JACOBSON, GEORGE	
STREET ADDRESS	2125 BISCAYNE BLVD 580	
CITY - ST - ZIP	MIAMI FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Dr. George Jacobson, PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suite C-302	
STREET ADDRESS	9301 N.E. 6th Avenue	
CITY - ST - ZIP	Miami Shores, FL 33138-2855	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
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 lines empowered.

SIGNATURE:

George Jacobson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George JACOBSON

4/19/01

(305) 758-5076

Date

Daytime Phone #

CR2E034 (10/00)