

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600129

1. Entity Name

DRS. SHUSTER & REICHBACH, P.A.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90008 040 ***150.00

Principal Place of Business

2999 NE 191ST ST.
#250
AVENTURA FL 33180
US

Mailing Address

2999 NE 191ST ST.
#250
AVENTURA FL 33180-3115
US

2. Principal Place of Business

100 NW 170th Street
Suite, Apt. #, etc.
411

3. Mailing Address

100 NW 170th Street
Suite, Apt. #, etc.
411



DO NOT WRITE IN THIS SPACE

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

4. FEI Number 59-0971957

Applied For
Not Applicable

Zip
33169

Country
U.S.

Zip
33169

Country
U.S.

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

REICHBACH, E.J.
2999 NE 191ST ST.
#250
AVENTURA FL 33180

Name Reichbach, E.J.
Street Address (P.O. Box Number is Not Acceptable)
100 NW 170th Street
Ste 411
City N. Miami Beach FL Zip Code 33169

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHUSTER, F	
STREET ADDRESS	2968 AVENTURA BLVD	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REICHBACH, E J	
STREET ADDRESS	2999 NE 191ST ST. #250	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reichbach, E J	
STREET ADDRESS	100 NW 170th Street Ste #411	
CITY-ST-ZIP	N. Miami Beach, FL 33169	
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 like empowered.

SIGNATURE: Elliott J. Reichbach, MD Date: March 14, 2000 305 493-0002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)