

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600345

1. Entity Name

JAFFE EYE INSTITUTE, P.A.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90051 022 ***150.00

Principal Place of Business

18999 BISCAYNE BOULEVARD
MORRIS TOWER, SUITE D
NORTH MIAMI BEACH FL 33180
US

Mailing Address

18999 BISCAYNE BOULEVARD
MORRIS TOWER, SUITE D
NORTH MIAMI BEACH FL 33180-2814
US

2. Principal Place of Business

18999 BISCAYNE BLVD

3. Mailing Address

18999 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA, FLORIDA

City & State

AVENTURA, FLORIDA

4. FEI Number

59-1204805

Applied For

Not Applicable

Zip

Country

33180

US

Zip

Country

33180

US

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

JAFFE, NORMAN S
5700 N BAY ROAD
MORRIS TOWER, SUITE D
MIAMI BEACH FL 33140

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	PD	<input type="checkbox"/> Delete
NAME	JAFFE, NORMAN S	
STREET ADDRESS	5700 N BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	JAFFE, MARK	
STREET ADDRESS	1821 WEST 27TH STREET	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JAFFE, GARY F.	
STREET ADDRESS	2800 WILLIAMS ISLAND BV.	
CITY-ST-ZIP	MIAMI FL. 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAFFE, EMERY	
STREET ADDRESS	1000 ISLAND BLVD #2712	
CITY-ST-ZIP	WILLIAMS ISLAND 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"/> 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
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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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (9/99)