

2001 UNIFORM BUSINESS REPORT (UBR)

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

08-10-2001 90002 033 ***550.00

DOCUMENT # 600407

1. Entity Name

DR. SHELDON MAYER, OPTOMETRIST, P.A.

Principal Place of Business

**425 HOLLYWOOD MALL
 #425
 HOLLYWOOD FL 33021
 US**

Mailing Address

**425 HOLLYWOOD MALL
 #425
 HOLLYWOOD FL 33021
 US**

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

59-1217185

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

Name

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

City

FL

Zip Code

**MAYER, SHELDON
 3277 HOLLYWOOD BLVD
 HOLLYWOOD FL 33021**

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** ☐ Delete
 NAME **MAYER, SHELDON**
 STREET ADDRESS **214 HOLLYWOOD MALL**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
 NAME **SIFF, WALLACE**
 STREET ADDRESS **214 HOLLYWOOD MALL**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **D** ☐ Delete
 NAME **SIEGEL, JERRY**
 STREET ADDRESS **LAUDERDALE MALL**
 CITY-ST-ZIP **LAUDERHILL FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 of Sheldon Mayer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment

Dr. Sheldon Mayer
OPTOMETRIST

TELEPHONE (954) 987-6500 • FAX (954) 966-2020

Dr. # 600407
A0080713

August 3, 2001

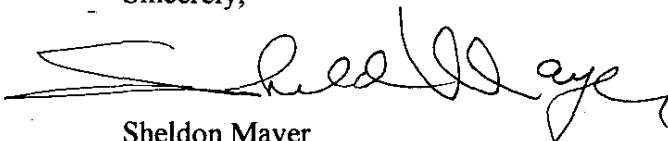
To Whom It May Concern:

Please update your records of our new address.

Dr. Sheldon Mayer
3277 Hollywood Blvd.
Hollywood, FL 33021
(954) 987-6500

Thank you for your prompt attention to this matter.

Sincerely,



Sheldon Mayer