

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601696

1. Entity Name

DR. MELVYN N. ZOBLER, P.A.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90110 009 ***150.00

Principal Place of Business

Mailing Address

~~1829 NORTHEAST 185TH ST~~
NORTH MIAMI BEACH FL 33179

3705 NE SKYLINE DR
JENSEN BCH FL 34957-3919

2. Principal Place of Business

3705 NE Skyline Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Bch FL

City & State

4. FEI Number 59-1275597

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

Country

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

ZOBLER, MELVYN
1829 NE 185 ST
N MIAMI BEACH FL

Name

Zobler, Melvyn

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

3705 NE Skyline Dr

City

Jensen Beach

FL

Zip Code 34957

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]

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 PS
NAME ZOBLER, MELVYN N
STREET ADDRESS ~~1829 NE 185TH ST~~ 3705 NE Skyline Dr
CITY-ST-ZIP ~~N MIAMI BCH FL~~ Jensen Bch FL

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00

261 334-7647

CR2E034 (9/99)