

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601946

1. Entity Name

DR. DONALD L. GLUCKSMAN, M.D., P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90215 035 ***150.00

Principal Place of Business

4701 MERIDIAN AVENUE
SUITE 500
MIAMI BEACH FL 33140
US

Mailing Address

~~250 W. 63RD ST., 8TH FL., SUITE E~~
~~MIAMI BEACH FLA 33141-5801~~
4701 Meridian Ave
Miami Beach, FL 33140

2. Principal Place of Business

3. Mailing Address

4701 Meridian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500

City & State

City & State
Miami Beach FL

Zip

Country

Zip

33140

Country

4. FEI Number

59-1286543

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

GLUCKSMAN, DONALD L
4701 MERIDIAN AVE, SUITE 500
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GLUCKSMAN, DONALD L 4701 MERIDIAN AVE., SUITE 500 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAFAVI, BADRI 4701 MERIDIAN AVE., SUITE 500 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLUCKSMAN, DONALD L 4701 MERIDIAN AVE, SUITE 500 MIAMI BEACH FL 33140	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Donald L. Glucksman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

Daytime Phone #

CR 1 014 19/99