

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 601946

1. Entity Name

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

**FILED**  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90054 014 \*\*\*150.00

0226739 AV

Principal Place of Business

4701 MERIDIAN AVENUE  
SUITE 500  
MIAMI BEACH FL 33140  
US

Mailing Address

~~250 W. 63RD ST. 6TH FL. SUITE E~~  
~~MIAMI BEACH FL 33144~~  
4701 Meridian Ave  
Miami Beach, FL 33140

2. Principal Place of Business

3. Mailing Address

4701 Meridian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Miami Beach FL

Zip

Country

Zip

33140

Country

USA

4. FEI Number

59-1286543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



80001887

6. Name and Address of Current Registered Agent

GLUCKSMAN, DONALD L  
4701 MERIDIAN AVE, SUITE 500  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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, 2002 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

TITLE PD  
NAME GLUCKSMAN, DONALD L  
STREET ADDRESS 4701 MERIDIAN AVE., SUITE 500  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE S  
NAME SAFARI, BADRI  
STREET ADDRESS 4701 MERIDIAN AVE., SUITE 500  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE T  
NAME GLUCKSMAN, DONALD L  
STREET ADDRESS 4701 MERIDIAN AVE, SUITE 500  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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* - Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/01

305/535-7555

Date

Daytime Phone #

CR2E034 (9/01)