

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603686

1. Entity Name
BARRY M. GLASSMAN, M.D., PROFESSIONAL ASSOCIATIO

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90141 041 ***150.00

0062286 AV

Principal Place of Business

100 NW 170TH ST
STE #208
MIAMI FL 33169
US

Mailing Address

100 NW 170TH ST
#208
MIAMI FL 33109
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
59-1405582

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

GLASSMAN, BARRY
16800 N.W. 2ND AVENUE
MIAMI FL 33169

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GLASSMAN, BARRY
100 NW 170TH ST #208
N MIAMI BEACH FL

☐ Delete

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

TITLE
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TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

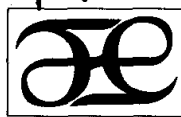
Daytime Phone #

CR2E034 (5/01)

Attachment

Acct. # 603686

A0080674



FRIEDFELD & PANAGOS,
SALVER & CORCORAN, P.A.

CERTIFIED PUBLIC ACCOUNTANTS
& HEALTHCARE CONSULTANTS

Member of the
American Institute of
Certified Public Accountants

Member of the
Florida Institute of
Certified Public Accountants

July 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

On behalf of our client Barry M. Glassman, M.D., P.A., we would like to notify you that the first notice of renewal was not received. We are enclosing a check for \$150.00 representing the fee due for May 1, 2001.

If you have any questions regarding this matter please do not hesitate to call Richard Forbes at (305) 823-3363 extension 258.

Very truly yours,

Richard Forbes

GRAND BAY PLAZA
2665 South Bayshore Drive • Suite 400 • Coconut Grove, Florida 33133 • Phone (305) 859-2822 • Facsimile (305) 859-2824

CORPORATE COURTS at MIAMI LAKES
5881 NW 151st Street • Suite 101 • Miami Lakes, Florida 33014 • Phone (305) 823-3363 • Facsimile (305) 823-3545

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