2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # 604300** May 22, 2000 8:00 am Secretary of State MARTIN A. SHUGAR, M.D. & ASSOCIATES, P.A. 05-22-2000 90042 006 ***150.00 Principal Place of Business Mailing Address 2500 HOLLYWOOD BLVD. 2500 HOLLYWOOD BLVD. **SUITE #212** SUITE #212 HOLLYWOOD FL 33020-6615 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2237 N. Commerce Parkway 2237 N. Commerce Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite #3</u> Suite #3 City & State 4. FEI Number Applied For City & State 59-1456748 Not Applicable Weston. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33326 33326 US US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NameMANELLA, ROSS H. ESO. MANELLA, ROSS ESQ Street Address (P.O. Box Number is Not Acceptable) 2237 N. Commerce Parkway 2500 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 Suite #3 ^{Zi}33326 Weston 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. ROSS MANELLA SIGNATURE (NOTE. Registered Agent signature required when reinstating) Signature, type and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CK761 7430 ☐ Addition TITLE □ Delete TITLE NAME NAME SHUGAR, MARTIN A. STREET ADDRESS STREET ADDRESS 3850 HOLLYWOOD BLVD #401 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE NAME SHUGAR, MAUREEN NAME STREET ADDRESS STREET ADDRESS 3850 HOLLYWOOD BLVD., 401 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 changed, or on an attachment with an address, with all other like empowered.

(954)

MARTIN A. SHUGAR

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