

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604975

1. Entity Name

JEROME A. SOLOMAN, D.D.S., P.A.

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

02-02-2000 90044 041 ***150.00

Principal Place of Business

Mailing Address

MIRAMAR PROFESSIONAL CENTER
6969 MIRAMAR PARKWAY
MIRAMAR FL 33023-6037

MIRAMAR PROFESSIONAL CENTER
6969 MIRAMAR PARKWAY
MIRAMAR FL 33023-6038

2. Principal Place of Business

2231 N. UNIVERSITY DR.

3. Mailing Address

2231 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33024

Country

USA

Zip

33024

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1512657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, JOSEPH L
4040 SHERIDAN STREET
HOLLYWOOD FL 33021

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, 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

TITLE PD ☐ Delete
NAME SOLOMAN, JEROME A.
STREET ADDRESS 6969 MIRAMAR PKWY.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SOLOMAN, JEROME A.
STREET ADDRESS 2231 N. UNIVERSITY DRIVE A
CITY-ST-ZIP PEMBROKE PINES, FL 33024

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jerome A. Soloman JEROME A. SOLOMAN 1/26/00 581-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)