

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608639

1. Entity Name

DR. THEODORE R. FRIEDMAN, P.A.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90264 004 \*\*\*150.00

Principal Place of Business

9981 S.W. 40TH STREET  
MIAMI FL 33165

Mailing Address

9981 S.W. 40TH STREET  
MIAMI FL 33165

2. Principal Place of Business

445-447 N Krome AVE

3. Mailing Address

13145 CORONADO LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

MIA FL

Zip

33030

Country

USA

Zip

33181

Country

USA

4. FEI Number 59-1886217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, THEODORE R  
9981 S.W. 40TH STREET  
MIAMI FL FL 33165

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

13145 CORONADO LN

N. MIAMI

City

FL

Zip Code

33181

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

1/26/2001

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, 2001 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 FRIEDMAN, THEODORE  
STREET ADDRESS 9981 BIRD ROAD  
CITY-ST-ZIP MIAMI FL

☒ Delete

TITLE PD  
NAME FRIEDMAN Theodore  
STREET ADDRESS 13145 CORONADO LN  
CITY-ST-ZIP N. MIAMI FL 33181

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
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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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/01

Date

305 891-7839

Daytime Phone #

CR2E034 (10/00)