

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90088 019 ***150.00

DOCUMENT # 623870
 1. Entity Name
JACOB NUDEL, M.D., P.A.

Principal Place of Business: **2245 NORTH UNIVERSITY DR. PEMBROKE PINES FL 33024**
 Mailing Address: **2245 NORTH UNIVERSITY DR. PEMBROKE PINES FL 33024-3611**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **1 ISLA BAHIA DR**
 Suite, Apt. #, etc.

City & State: **FT LAUDERDALE, FL**
 4. FEI Number: **59-1912794**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NUDEL, JACOB
2245 N. UNIVERSITY DR.
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **1 ISLA BAHIA DRIVE**
 City: **FT LAUDERDALE** FL Zip Code: **33316**

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: PST	<input type="checkbox"/> Delete
NAME: NUDEL, JACOB	
STREET ADDRESS: 2245 N. UNIVERSITY DR.	
CITY-ST-ZIP: PEMBROKE PINES FL	
TITLE: D	<input type="checkbox"/> Delete
NAME: NUDEL, JACOB	
STREET ADDRESS: 2245 N. UNIVERSITY DR.	
CITY-ST-ZIP: PEMBROKE PINES FL	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)