

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90071 045 ***158.75

DOCUMENT # 638420
1. Entity Name MATHIAS PISKUR M.D. P.A.

DO NOT WRITE IN THIS SPACE

42015A

2. Principal Place of Business
1652 W. HILLSBORO BLVD. → SAME
Suite, Apt. #, etc.

3. Mailing Address
→ SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DEERFIELD BEACH FL → SAME
City & State
Zip 33442 Country USA Zip '' Country U.S.A.

4. FEI Number 59-1937297 Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MATHIAS PISKUR
Street Address (P.O. Box Number is Not Acceptable)
1652 W. Hillsboro BLVD
City Deerfield Beach FL Zip Code 33442

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 _____ (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)

January 1 - May 1 Fee is ~~\$150.00~~
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>P.S.T.D</u> <u>MATHIAS PISKUR</u> <u>1652 W. Hillsboro BLVD</u> <u>Deerfield Beach FL 33442</u>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MATHIAS PISKUR M.D. 2/18/02 954-428-3558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #