

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

02-24-2002 90041 013 ***150.00

98418

DOCUMENT # 640027

1. Entity Name
ROBERT T. PANE, D.V.M., P.A.

Principal Place of Business Mailing Address
9501 S W 160 ST 9501 S W 160 ST
MIAMI FL 33157 MIAMI FL 33157

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1926881** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
STAMEN, ROBERT A
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL 33146

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVD PANE ROBERT T. 9501 SW 160 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANE, DEBRA M. 9501 SW 160 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANE, DEBRA M. 9501 SW 160 ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

CR2E034 (9/01)

Attachment 98498
#24007

ROBERT T. PANE, DVM, P.A.
DBA SOUTH KENDALL ANIMAL CLINIC
9501 S.W. 160 ST.
MIAMI, FL 33157

COMMERCIAL BANK OF FLORIDA
PINECREST/THE FALLS OFFICE
MIAMI, FLORIDA 33156

602888 10790

63-1037/660
7

2/14/2002

PAY TO THE
ORDER OF Department Of State

\$ **150.00

One Hundred Fifty and 00/100***** DOLLARS

Department Of State

020263995 2350 2351 07 03-06-02

MEMO

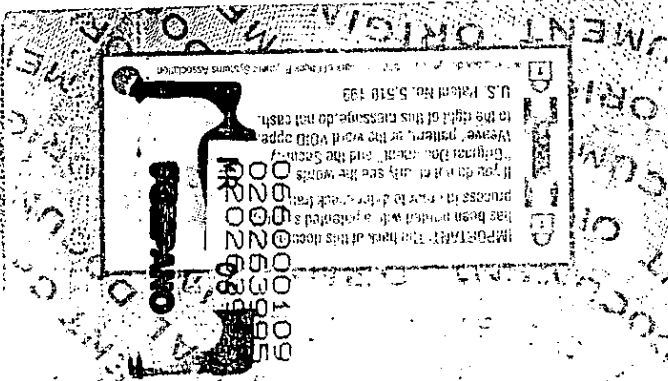
591926881

"010790" :065010377: "7008821210"
"0000015000"

Attachment

Gr 1/8

#640027



03-06-02

BANK OF AMERICA-NA, NA
16630000474 E3999 90 P16
03/05/02
6740873333

WAR-5 02

2315 63720

FEB 21 2002

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.#1009068796
FEB 21 2002



Attachment 98448
**SOUTH KENDALL ANIMAL
CLINIC-HOSPITAL**



#640077

July 31, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Ref: 2002 Uniform Business Report
Robert T. Pane DVM PA
59-1926881

We are in receipt of the notification that the annual report is due by September 15, 2002. Please note that the annual report for 2002 was filed timely and we have enclosed a copy of the front and back of the cancelled check. Please correct your records accordingly.

Very truly yours,

Corrine West

Corrine West
Office Manager