

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
 02-13-2002 90139 048 ***150.00

02/13/02 AV

DOCUMENT # 684194

1. Entity Name
JACOB AND JACOB, M.D., P.A.

Principal Place of Business
C/O KUREIN JACOB
2101 NE 26TH ST
FT LAUDERDALE FL 33305

Mailing Address
C/O KUREIN JACOB
2101 NE 26TH ST
FT LAUDERDALE FL 33305



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2019625**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOB, KUREIN
2101 NE 26TH STREET
FT LAUDERDALE FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PSD	JACOB, KURIEN	2101 NE 26TH STREET	FT LAUDERDALE FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	JACOB, MIREILLE C	2101 NE 26TH STREET	FT LAUDERDALE FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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					<input type="checkbox"/> Delete				<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: **X KUREIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02
 Date

Daytime Phone #

CR2E034 (9/01)