

# 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 09, 2000 8:00 am Secretary of State

05-09-2000 90016 021 \*\*\*150.00

**DOCUMENT # F51109**

1. Entity Name  
**ROBERT V. BARBARITE, M.D., P.A.**

Principal Place of Business      Mailing Address  
**1 W. SAMPLE ROAD #203      1 W. SAMPLE ROAD, #203**  
**POMPANO BEACH, FL      POMPANO BEACH, FL**  
**33064      33064**

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  
**59-2134872**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**BARBARITE, ROBERT V., M.D.**  
**1 WEST SAMPLE ROAD, SUITE 203**  
**POMPANO BEACH, FL 33064**

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      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.

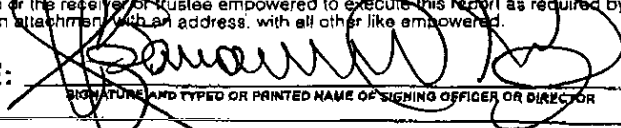
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$650.00**  
**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	
<input type="checkbox"/> Delete	<b>P BARBARITE, ROBERT V.</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6927 NW 65 TERRACE</b>	NAME	
CITY - ST - ZIP	<b>PARKLAND, FL</b>	STREET ADDRESS	
		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY - ST - ZIP		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:       **4-21-00**      Date      Daytime Phone #

0000 PUSC40