

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90176 006 ***158.75

DOCUMENT #

1. Entity Name

F58304

ESTHER B. EISENSTEIN, M.D., P.A.

Principal Place of Business

Mailing Address

9909 Pines Blvd.

9909 Pines Blvd.

Pembroke Pines, Fl. 33024

P. Pines, Fl. 33024

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

59-2147081

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0067146

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Levi CPA, Allen S.
 20590 W Dixie Highway
 N Miami Beach, Fl 33180

Name

Mario D. Zambrano M.D.

Street Address (P.O. Box Number is Not Acceptable)

9909 Pines Blvd.

Pembroke Pines

City

FLORIDA

FL

Zip Code

33024

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

4/17/01

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, 2001 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
 Esther b Eisenstein MD

XX Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P Mario D. Zambrano MD
 14450 Glencairn Rd.
 Miami Lakes, Fl 33016

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Change ☐ 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:

Mario D. Zambrano

Mario D. Zambrano

Date

Daytime Phone #

4/13/01 954-431 8558

CR2E034 (11/00)