

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
 05-19-2000 90053 008 ***150.00

DOCUMENT # F87816

1. Entity Name

FRANK J. DREWNIAKY, M.D., P.A.

Principal Place of Business

Mailing Address

% LAMONT & NEIMAN, PA
 1 BISCAYNE TWR.. #3550. 2 S. BISCAYNE
 MIAMI FL 33131
 US

% LAMONT & NEIMAN, PA
 1 BISCAYNE TWR.. #3550. 2 S. BISCAYNE
 MIAMI FL 33131
 US

800640033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2198887

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

LAMANT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO S. BISCAYNE BLVD.
MIAMI FL 33131

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 \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PST DREWNIAKY, FRANK J MD 1 BISCAYNE TWR #3550 MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
D DREWNIAKY, FRANK J MD 1 BISCAYNE TWR #3550 MIAMI FL	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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: ✓

Frank J. Drewniak, M.D., President

Date

Daytime Phone #

305-666-6456

CR2E034 (9/99)