

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **CORP # F98294**

1. Entity Name
DR. JOSEPH A POLLAK PA.
1825 FOREST HILL BLVD #204
WEST PALM BEACH FL 33406

Principal Place of Business Mailing Address
1825 FOREST HILL BLVD #204 **1825 FOREST HILL BLVD**
WEST PALM BEACH FL 33406 **WEST PALM BEACH**
FL 33406

2. Principal Place of Business 3. Mailing Address
1825 FOREST HILL BLVD **1825 FOREST HILL BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#204 **#204**

City & State City & State
WEST PALM BEACH FL **WEST PALM BEACH FL**
 Zip Country Zip Country
33406 **USA** **33406**

6. Name and Address of Current Registered Agent
DR JOSEPH A POLLAK PA.
1825 FOREST HILL BLVD #204
WEST PALM BEACH FL 33406

4. FEI Number Applied For
59-243050-1 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code
FL

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 **Joseph A Pollak PA.** DATE **4-4-00**
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. ☒ **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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Joseph A Pollak PA.** DATE **4-4-00** DAYTIME PHONE # **561-964 6797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90169 022 ***150.00

C0058079

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)