

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98294**

1. Entity Name

DR. JOSEPH A. POLLAK P.A.**FILED****Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90001 047 ***150.00

Principal Place of Business

**1825 FOREST HILL BLVD., SUITE 204
WEST PALM BEACH FL 33406
US**

Mailing Address

**1825 FOREST HILL BLVD., SUITE 204
WEST PALM BEACH FL 33406
US**

2. Principal Place of Business

**14174 WELLINGTON TR.
Suite, Apt. #, etc.**

3. Mailing Address

**14174 WELLINGTON TR.
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

WELLINGTON FLA.

City & State

WELLINGTON FL4. FEI Number **59-2430501**

Applied For

Not Applicable

Zip

33414

Country

U.S.A.

Zip

33414

Country

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

6. Name and Address of Current Registered Agent

**POLLAK, DR. JOSEPH A., P.A.
1825 FOREST HILL BLVD.
#204
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

POLLAK, DR. JOSEPH A., P.A.**14174 WELLINGTON TR.****WELLINGTON****FL****Zip Code
33414**

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 Dr. Joseph A. Pollak Dr. 1-8-01

Signature, typed or printed name of registered agent and title if applicable.

(Not for 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, 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

0 ☐ Delete
**POLLAK, JOSEPH D.C.
1825 FOREST HILL BLVD. SUITE 204
W PALM BCH FL 33406**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ Change ☐ Addition
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CITY - ST - ZIP☐ Change ☐ Addition
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NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph A. Pollak Dr. Joseph A. Pollak Dr. 1-8-01 561-333-8566

CR2E034 (10/00)