

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90035 018 ***155.00

DOCUMENT # F98294

1. Entity Name
DR. JOSEPH A. POLLAK P.A.

Principal Place of Business
14174 WELLINGTON TRAIL
WEST PALM BEACH FL 33414
US

Mailing Address
14174 WELLINGTON TRAIL
WEST PALM BEACH FL 33414
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2790 N MILITARY TR.
 Suite, Apt. #, etc.

3. Mailing Address

14174 WELLINGTON TR
 Suite, Apt. #, etc.

City & State
West Palm Beach FL
 Zip
33409

City & State
WELLINGTON FL
 Zip
33414
 Country
PALM BEACH

4. FEI Number **59-2430501**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

POLLAK, DR. JOSEPH A., P.A.
14174 WELLINGTON TRAIL
WELLINGTON FL 33414

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, 2002 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	0 POLLAK, JOSEPH D.C. 1825 FOREST HILL BLVD. SUITE 204 W PALM BCH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **Dr. Joseph A. Pollak P.A.** **1-8-02 561-683-4971**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)