

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90199 046 ***158.75

DOCUMENT # G34443

1. Entity Name

AARON TUCKLER, M.D., P.A.

Principal Place of Business

11760 SW 40TH STREET
 SUITE 433
 MIAMI FL 33145

Mailing Address

1033 BAYANO AVE
 MIAMI FL 33146

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

59-2279109

Applied For

Not Applicable

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

TUCKLER, AARON, M.D.
 1033 BAYANO AVE
 MIAMI FL 33146

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 PTD
 TUCKLER, AARON, M.D.
 1033 BAYANO AVE
 CORAL GABLES FL 33146 ☐ Delete

TITLE
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AARON TUCKLER, M.D. 7-25-2002 (305) 666-1529

CR2E034 (4/02)

Attachment

AARON TUCKLER, M.D., P.A.
1033 Bayamo Ave.
Coral Gables, FL 33146

#G 34443
122982

Miami, July 25, 2002

Florida Department of State
Division of Corporations

Dear sirs: I am the President of Aaron Tuckler, M.D.P.A., a Corporation FEI # 59-2279109. This is the first notice you sent me for 2002 Uniform Business Report. I am sending you my filing fees for 2002 (150.00) and an additional 8.75 for Certificate of Status. I thank your attention to this matter.

Sincerely, Aaron Tuckler, M.D.

President of Aaron Tuckler, M.D.P.A.

