

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90061 014 \*\*\*150.00

**DOCUMENT # G69666**

1. Entity Name  
**CONTRUCCI & SHAPIRO, D.O., P.A.**

Principal Place of Business: 16948 NE 19 AVE, N MIAMI BCH FL 33162  
 Mailing Address: 10071 PINES BLVD., SUITE C, PEMBROKE PINES FL 33024-6136

2. Principal Place of Business: 10071 Pines Blvd. Suite C, Pembroke Pines  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: FLA 33024  
 City & State: [Blank]

Zip: [Blank] Country: USA  
 Zip: [Blank] Country: [Blank]



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2331307** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent: **CASEY, DANIEL A, % KIRKPATRICK & LOCKHART LLP, 201 S. BISCAYNE BLVD., 20TH FL, MIAMI FL 33131**

7. Name and Address of New Registered Agent: Name: [Blank], Street Address: [Blank], City: [Blank] FL Zip Code: [Blank]

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: *Robert B. Contrucci, D.O.* DATE: **3-10-00**  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

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: [Blank] NAME: <b>CONTRUCCI, ROBERT</b> STREET ADDRESS: <b>4400 N PLAYER STREET</b> CITY-ST-ZIP: <b>HOLLYWOOD FL</b>	<input type="checkbox"/> Delete	TITLE: <b>PV</b> NAME: <b>CONTRUCCI, Robert</b> STREET ADDRESS: <b>4400 N. Player St</b> CITY-ST-ZIP: <b>Hollywood, FLA 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: <b>TS</b> NAME: <b>SHAPIRO, Craig</b> STREET ADDRESS: <b>4273 Caspen Court</b> CITY-ST-ZIP: <b>Hollywood, FLA 33021</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **3-10-00** Daytime Phone #: **954-437-5333**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)