

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G82065**

1. Entity Name

DAVID G. LEHRMAN, M.D., P.A.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90055 032 ***150.00

Principal Place of Business

Mailing Address

~~1680 MICHIGAN AVENUE~~
~~SUITE 1104~~
~~MIAMI BEACH FL 33139~~

~~1680 MICHIGAN AVENUE~~
~~SUITE 1104~~
~~MIAMI BEACH FL 33139-2514~~

2. Principal Place of Business

400 Arthur Godfrey Rd

3. Mailing Address

400 Arthur Godfrey Rd

Suite, Apt. #, etc.

510

Suite, Apt. #, etc.

510

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33140

Country

US

Zip

33140

Country

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRAUM, SYDNEY S.
1428 BRICKELL AVE.
MIAMI FL 33131

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, 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	DP	<input type="checkbox"/> Delete
NAME	LEHRMAN, DAVID G.	
STREET ADDRESS	211 E. RIVO ALTO DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

David Lehrman

Date

Daytime Phone #

4-11-00 3055381119

CR2E034 (9/99)