

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90150 009 \*\*\*150.00

**DOCUMENT # H05136**

1. Entity Name

**MAURICE I. YOUAKIM, M.D., P.A.**

Principal Place of Business

Mailing Address

% MAURICE I. YOUAKIM, M.D.  
 4710 N. HABANA, SUITE 204  
 TAMPA FL 33614

% MAURICE I. YOUAKIM, M.D.  
 4710 N. HABANA, SUITE 204  
 TAMPA FL 33614-7146

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

**59-2409587**

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

YOUAKIM, MAURICE I. M.D.  
 4710 NORTH HABANA  
 TAMPA FL 33614

Name: **MAURICE I. YOUAKIM, M.D.**

Street Address (or Box Number if Not Applicable)

**10505 LACERA DR**

City

**TAMPA**

FL

Zip Code

**33618**

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

*Maurice I. Youakim*

**MAURICE I. YOUAKIM, M.D.**

**4/19/00**

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 ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **YOUAKIM, MAURICE I. M.D.**  
 CITY-ST-ZIP **4710 N. HABANA #204**  
**TAMPA FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

*Maurice I. Youakim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAURICE I. YOUAKIM, M.D.**

**4/19/00**

Date

Daytime Phone #

**813 875 6509**

CR2E034 (9/99)