

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32191

1. Entity Name
MORRIS V. EPSTEIN, M.D., P.A.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90024 023 ***150.00

816978



DO NOT WRITE IN THIS SPACE

Principal Place of Business
180 SW 84 AVE
SUITE B
PLANTATION FL 33324
US

Mailing Address
180 SW 84 AVE
SUITE B
PLANTATION FL 33324
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2479190

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STANDART, JOHN
224 COMMERCIAL BLVD STE 200
LAUDERDALE BY THE SEA FL 33308

Name Meilan, Mayra
Street Address (P.O. Box Number is Not Acceptable)
224 COMMERCIAL BLVD #200
City LAUDERDALE BY THE SEA FL Zip Code 33308

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 *Mayra Meilan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/01
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, 2001 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 SD
NAME EPSTEIN, MORRIS V.
STREET ADDRESS 10264 SW 23 COURT
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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: *Mayra Meilan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 (954) 475-9066
Date Daytime Phone #

CR2E034 (10/00)