

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H63764

1. Entity Name

VARICURE VEIN CENTERS INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90171 022 ***150.00

Principal Place of Business

SONYA GLASSER
VARICURE VEIN CTR. STE 411, 6280 SUNSET DR
MIAMI FL 33143
US

Mailing Address

SONYA GLASSER
6280 SUNSET DR. STE 411
MIAMI FL 33143-4860
US

2. Principal Place of Business

VARICURE VEIN CENTER, INC.
Suite, Apt. #, etc.
6280 SUNSET DRIVE, STE 411

3. Mailing Address

VARICURE VEIN CENTER, INC.
Suite, Apt. #, etc.
6280 SUNSET DRIVE, STE 411

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

USA

Zip

33143-4860

Country

USA

4. FEI Number

59-2570320

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSER, SONYA S.
VARICURE VEIN CENTER
6280 SUNSET DR, S411
MIAMI FL 33143

VARICURE VEIN CENTER,
INC.

7. Name and Address of New Registered Agent

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

TITLE NAME	P LARY, BANNING G. M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	6280 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	V GLASSER, SONYA S.	<input type="checkbox"/> Delete
STREET ADDRESS	6280 SUNSET DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	ST WEINTRAUB, ALBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2250 SW 3RD AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Sonya S. Glasser
SONYA S. GLASSER

Date

Daytime Phone #

1/3/2000 (305)
284-8090

CR2E034 (9/99)