

# 2002 UNIFORM BUSINESS REPORT (UBR)

0071249 AV

**DOCUMENT # H86509**

1. Entity Name  
**DONNARAE I, INC.**

FILED

02 OCT -7 Pm 2:54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**1625 N COMMERCE PARKWAY**      **1625 N COMMERCE PARKWAY**  
**SUITE 325**      **SUITE 325**  
**WESTON FL 33326**      **WESTON FL 33326**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**2300 N Commerce Pkwy**      **2300 N. Commerce Pkwy**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#308**      **#308**

City & State      City & State

**Weston, Fl.**      **Weston, Fl.**

4. FEI Number      Applied For

**59-2609763**       Not Applicable

Zip      Country      Zip      Country

**33326**      **USA**      **33326**      **USA**

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

6. Name and Address of Current Registered Agent

**WEISS, JAY S**  
**1417 SE 1ST AVENUE**  
**FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1840 SE 1 Ave**

City      State      Zip Code  
**Ft Lauderdale**      **FL**      **33316**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	<b>DP SCHWARTZ, BARRY M., M.D.</b>
STREET ADDRESS	<b>1625 N. COMMERCE PKWY 325</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33326</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>2300 N. Commerce Pkwy #308</b>
CITY-ST-ZIP	<b>Weston, Fl. 33326</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>200008302222-6</b>
CITY-ST-ZIP	<b>-10/10/02--01027--008</b>
	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]**

9/30/02 954-384-F300

CR2E034 (4/02)

LAW OFFICES OF  
**JAY S. WEISS**  
A PROFESSIONAL ASSOCIATION

**JAY S. WEISS**  
BOARD CERTIFIED CIVIL  
TRIAL ATTORNEY

1840 SOUTHEAST 1ST AVENUE  
FORT LAUDERDALE, FLORIDA 33316

TELEPHONE (954) 522-4466  
FAX (954) 522-0776

September 30, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl. 32301-1500

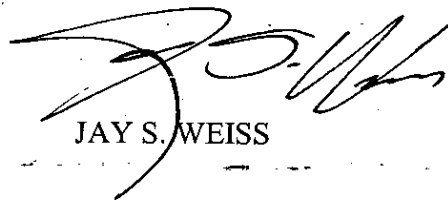
Re: H86509  
Donnarae I, Inc.

Dear Sir and/or Madam:

Please find enclosed Annual Report along with the original fee of \$150.00. Due to moving the annual report was not forwarded to the new address. Please note all the changes on the form. We were advised by your department to send in the original filing fee with a letter of explanation and that the department would accept this.

Thank you for your anticipated cooperation herein.

Very truly yours,



JAY S. WEISS

JSW/yl  
enclosure