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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1486509

1. Entity Name

DONNARAE I, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O JAY S. WEISS, ESQ

3. Mailing Address

C/O JAY S. WEISS, ESQUIRE

Suite, Apt. #, etc.

1840 SE 1st Avenue

Suite, Apt. #, etc.

1840 SE 1st Avenue

City & State

Fort Lauderdale, FL

City & State

Ft Lauderdale, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2609763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jay S. Weiss, Esquire

Street Address (P.O. Box Number is Not Acceptable)

1840 SE 1st Avenue

City

Fort Lauderdale

FL

Zip Code
33316

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SCHWARTZ, BARRY, M M.D.,
2300 N. Commerce Pkwy, #308
Weston, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700015293567
04/03/03--01057--001 **150.00

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barry M Schwartz, MD

1/27/03

951-384-8300

CR2E034B (12/02)

2/4/1