

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **542172 R**
 1. Entity Name **CLAUDE ANTON NAAR, M.D., P.A.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUN 23 AM 8:34

Principal Place of Business
2620 W. AUSTRALIAN AVE
BTE #1
W. PALM BEACH, FL 33407
US

Mailing Address
7421 NW 13th CT
PLANTATION FL
33313-5927
US

2. Principal Place of Business
897 NW 6 COURT
 Suite, Apt. #, etc.

3. Mailing Address
897 NW 6 COURT
 Suite, Apt. #, etc.

City & State
PLANTATION FL

City & State
PLANTATION FL

Zip
33317

Country
USA

Zip
3331

Country
USA

4. FEI Number
59-2732185

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
NAAR, CLAUDE A
7421 NW 13th CT
PLANTATION FL 33313

7. Name and Address of New Registered Agent
 Name
CLAUDE A. NAAR M.D.
 Street Address (P.O. Box Number is Not Acceptable)
897 NW 6 COURT
 City **PLANTATION** FL Zip Code **33317**

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 **CLAUDE A. NAAR M.D.** **CLAUDE A. NAAR M.D.** **6-15-00**
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NAAR, CLAUDE A. 7421 NW 13th CT PLANTATION FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLAUDE A. NAAR M.D. 897 NW 6 COURT PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003321503 07-12-00 - 1099-00 9 450.00 - 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CLAUDE A. NAAR M.D.** **CLAUDE A. NAAR M.D.** **6-15-00** **954**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **782-0576**

CR2E034 (9/99)