

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K27657

1. Entity Name

IRA JOEL AGATSTEIN, M.D., P.A.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90061 008 ***150.00

Principal Place of Business

Mailing Address

% SUSAN K. ROBIN
260 SW 84 AVE STE B
PLANTATION FL 33324
US

260 SW 84TH AVE
SUITE B
PLANTATION FL 33324-2715
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0058159

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

7. Name and Address of New Registered Agent

ROBIN, SUSAN K.

~~1 TOWN CENTER RD~~
~~BOCA RATON FL 33486~~

Name

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

260 SW 84th Avenue Ste B

City

Plantation

FL

Zip Code

33324

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

Ira J. Agatstein M.D.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AGATSTEIN, IRA JOEL MD**
STREET ADDRESS **1581 NW 100 WAY**
CITY-ST-ZIP **PLANTATION FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: ✓

Ira J. Agatstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ira Agatstein, Director

✓ 4/10/2000

Date

Daytime Phone #

CR2E034 (9/99)