

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K35619

1. Entity Name

IAN G. OSUR, P.A.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90090 009 ***150.00

Principal Place of Business

9100 S. DADELAND BLVD.
SUITE 1704-PH 1
MIAMI FL 33156

Mailing Address

9100 S. DADELAND BLVD.
SUITE 1704-PH 1
MIAMI FL 33156-7817

2. Principal Place of Business

9350 S. Dixie Hwy
(Suite, Apt. #, etc.)
1200

3. Mailing Address

9350 S. Dixie Hwy
(Suite, Apt. #, etc.)
1200



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

Zip
33156

Country
USA

City & State
Miami, FL

Zip
33156

Country
USA

4. FEI Number 65-0074184

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OSUR, IAN G.
9100 SOUTH DADELAND BLVD.
SUITE 1704-PH 1
MIAMI FL 33156

Name OSUR, IAN G.
Street Address (P.O. Box Number is Not Acceptable)
9350 S. Dixie Hwy.
SUITE 1200
City Miami FL Zip Code 33156

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSUR, IAN G. 9100 DADELAND BLV #1704 MIAMI FL 33156	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSUR, IAN G. 9350 S. Dixie Hwy, Suite 1200 MIAMI, FL 33156	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 305-670-7737
Date Daytime Phone #

CR2E034 (9/99)