

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48257

1. Entity Name

DR. PHILLIP D. DECUBELLIS, P.A.

Principal Place of Business

2800 E. COMMERCIAL BLVD., SUITE 104  
FT. LAUDERDALE FL 33308

Mailing Address

2800 E. COMMERCIAL BLVD., SUITE 104  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

2828 E. COMMERCIAL BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

FT LAUDERDALE, FL

Zip

33308-4206

Country

BROWARD

Zip

Country

4. FEI Number 65-0083317

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

DECUBELLIS, PHILLIP D

2800 E. COMMERCIAL BLVD., SUITE 104  
FT. LAUDERDALE FL 33308

Name

DECUBELLIS, PHILLIP D

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

2828 E. COMMERCIAL BLVD

City

FT LAUDERDALE

FL

Zip Code

33308-4206

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. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PST  
NAME DECUBELLIS, PHILLIP D  
STREET ADDRESS 2800 E. COMMERCIAL BLVD., SUITE 104  
CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Delete

TITLE PST  
NAME DECUBELLIS, PHILLIP D.  
STREET ADDRESS 2828 E. COMMERCIAL BLVD  
CITY-ST-ZIP FT LAUDERDALE, FL 33308-4206 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

Date

Daytime Phone #

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90128 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)