

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90015 008 \*\*\*150.00

**DOCUMENT # K59315**

1. Entity Name

DAVID BRZOSTOWICKI, M.D., P.A.

R

Principal Place of Business

1321 NW 14TH ST.  
 SUITE 102, WEST BLDG.  
 MIAMI FL 33125  
 US

Mailing Address

~~% IRA R. SHAPIRO~~  
 16375 N.E. 18TH AVE #225  
 N. MIAMI BEACH FL 33162  
 US

A0077243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0093544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHAPIRO, IRA R.  
 16375 N.E. 18TH AVE  
 SUITE 225  
 N. MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name David Brzostowicki, M.D.P.A.  
 Street Address (P.O. Box Number is Not Acceptable) 1321 NW 14th Street #102  
 City Miami FL Zip Code 33125

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D BRZOSTOWICKI, DAVID 955 N.W. 3RD ST. #804 MIAMI FL	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-00 305-326-0558

Date

Daytime Phone #



Attch # K59315

A0077243

DAVID BRZOSTOWICKI, M.D., P.A.  
OBSTETRICS AND GYNECOLOGY  
INFERTILITY  
FAMILY PLANNING

September 11, 2000

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

Re: Annual Report  
Document # K59315

To Whom It May Concern:

Please be advised that every year I receive my 2000 Uniform Business Report form through our registered agent Ira Shapiro, Esquire and this year for some unknown reason it was not received. I am requesting to see if you can make an exception in this case; our office has never filed this form late.

I thank you in advance for your attention in this matter.

If you should have any questions or require additional information, please feel free to contact me.

Sincerely yours,

David Brzostowicki, M.D., P.A.  
DBB/lc