

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L21116**

1. Entity Name

**ODALYS M. IBRAHIM, P.A.**

FILED

02 MAY -1 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~782 N.W. LEJEUNE RD~~

~~782 N.W. LEJEUNE RD.~~

~~440~~

~~440~~

~~MIAMI FL 33126~~

~~MIAMI FL 33126~~

~~US~~

~~US~~

2. Principal Place of Business

**11200 Pines Boulevard**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

**Pembroke Pines FL**

City & State

4. FEI Number

**65-0185068**

Applied For

Not Applicable

Zip

Country

**33026**

**Broward**

Zip

Country

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

**IBRAHIM, ODALYS M.**

~~782 N.W. LEJEUNE RD.~~

~~Suite 440~~

~~MIAMI FL 33126~~

Name

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

**11200 Pines Boulevard**

**Suite 200**

**Pembroke Pines**

**FL**

Zip Code

**33026**

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, 2002 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  
**PST**  
**IBRAHIM, ODALYS M.**  
**782 N.W. LEJEUNE RD., SUITE 533**  
**MIAMI FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**11200 Pines Boulevard, Suite 200**  
**Pembroke Pines, FL 33026**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300005556888**  
**-05/17/02--01031--010**  
**\*\*\*\*\*600.00 \*\*\*\*\*150.00**

☐ 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 #

**4/28/02 President (954) 438-8393**

CR2E034 (9/01)