

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25212

1. Entity Name

PULMONARY AND INTERNAL MEDICINE CONSULTANTS, P.A

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

05-13-2000 90001 019 ***150.00

Principal Place of Business

7351 W. OAKLAND PARK BLVD.
SUITE 106
LAUDERHILL FL 33319

Mailing Address

7351 W. OAKLAND PARK BLVD.
SUITE 106
LAUDERHILL FL 33319-7107

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

65-0154329

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

CUBBIN, CLAIRE
2101 N ANDREWS AVE
401-402
FT. LAUD. FL 33301

Name

L. LANDA, HAROLD

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

7351 W OAKLAND PARK BLVD

City

LAUDERHILL

FL

Zip Code

33319

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.

HAROLD S LANDA

(NOTE: Registered Agent signature required when reinstating)

4/14/2000

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	D LANDA, HAROLD 7351 W OAKLAND PARK BLVD LAUDERHILL FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD S LANDA

4/14/2000

Date

Daytime Phone #

CR2E034 (9/99)