

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90010 043 ***150.00

DOCUMENT # L36811

1. Entity Name

DR. GLASSMAN, P.A.

Principal Place of Business

**1380 NE MIAMI GARDENS DR
STE 140
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1380 NE MIAMI GARDENS DR
STE 140
NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business

2050 NE 163 ST.

3. Mailing Address

2050 NE 163 ST

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

Zip

33162

Country

U.S.A.

Zip

33162

Country

USA

4. FEI Number **65-0201746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE **DPST** ☐ Delete
NAME **GLASSMAN, PAUL S**
STREET ADDRESS **1380 NE MIAMI GARDENS DR, STE 140**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2050 NE 163 ST, Suite 102**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

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

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

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

4-20-01 305 9409300

Date

Daytime Phone #

CR2E034 (10/00)