

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90038 036 ***150.00

DOCUMENT # L40657

1. Entity Name
JON J. RAPPAPORT, D.V.M., AND DONALD S. PEARL, D

Principal Place of Business 19125 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33180	Mailing Address 19125 BISCAYNE BLVD. NORTH MIAMI BEACH FL 33180-2310
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19101 Biscayne Blvd	3. Mailing Address 19101 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Aventura FL	City & State Aventura FL	4. FEI Number 65-0164333	Applied For <input type="checkbox"/> Not Applicable
Zip 33180	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAPPAPORT, JON J. 19125 BISCAYNE BLVD. N. MIAMI BEACH FL 33180	7. Name and Address of New Registered Agent Name Marsha Soffer Street Address (P.O. Box Number is Not Acceptable) 19501 Biscayne Blvd #400 City Aventura FL Zip Code 33180
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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 *Marsha Soffer* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE RAPPAPORT, JON J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAPPAPORT, JON J.		NAME 19101 Biscayne Blvd	
STREET ADDRESS 19125 BISCAYNE BLVD		STREET ADDRESS Aventura FL 33180	
CITY-ST-ZIP N MIAMI FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 an other like empowered.

SIGNATURE: *Marsha Soffer* **SIGNATURE REQUIRED** **305 933 5573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)