

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L51070**

1. Entity Name
JOSEPH F. SEBER, M.D., P.A.

FILED
00 MAY 16 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
% JOSEPH F. SEBER, M.D. % JOSEPH F. SEBER, M.D.
16876 NE 19TH AVE. 16876 NE 19TH AVE.
N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162-3109

2. Principal Place of Business 3. Mailing Address:
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



3/8/00 9000 015 \$4.59

4. FEI Number Applied For
65-0171911 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEBER, JOSEPH F., M.D.
16876 NE 19TH AVE.
N. MIAMI BEACH FL 33162

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 _____ (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, 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	
TITLE	<input type="checkbox"/> Delete
NAME	D SEBER, JOSEPH F., M.D.
STREET ADDRESS	16876 NE 19TH AVE
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph F. Seber, M.D. Date Daytime Phone # **KE**

CR2E034 (9/99)