

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53707

1. Entity Name

NORMAN LURIE D.M.D., P.A.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90017 006 ***150.00

Principal Place of Business %NORMAN LURIE 327 PLAZA REAL STE 327 BOCA RTON FL 33432	Mailing Address %NORMAN LURIE 327 PLAZA REAL STE 327 BOCA RTON FL 33432
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2. Principal Place of Business 3020 N. MILITARY TRAIL Suite, Apt. #, etc. Suite 250 City & State BOCA RATON, FL. Zip 33431 Country USA	3. Mailing Address 3020 N. MILITARY TRAIL Suite, Apt. #, etc. Suite 250 City & State BOCA RATON, FL. Zip 33431 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number... 65-0176466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LURIE, NORMAN 327 PLAZA REAL STE 327 SUITE 102 BOCA RATON FL 33432	7. Name and Address of New Registered Agent Name NORMAN LURIE Street Address (P.O. Box Number is Not Acceptable) 3020 N. MILITARY TRAIL, Suite 250 City BOCA RATON FL Zip Code 33431
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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 DATE 1-8-01

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. (See criteria on back) <input type="checkbox"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	DP LURIE, NORMAN 327 PLAZA REAL STE 327 BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORMAN LURIE 3020 N. MILITARY TRAIL, STE 250 BOCA RATON, FL. 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: (NORMAN LURIE) 1/8/01 (561) 443-4133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)