

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90089 013 ***158.75

DOCUMENT # L60768

1. Entity Name

SALEEM HAQ, MD. PA.

Principal Place of Business

4845 COCONUT CREEK PKWY
COCONUT CREEK FL 33063
US

Mailing Address

4845 COCONUT CREEK PKWY.
COCONUT CREEK FL 33063
US

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 65-0200172

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

HAQ, SALEEM
4845 COCONUT CREEK PKWY
POMPANO BEACH FL 33060

Name HAQ, SALEEM, MD, PA

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

4845 COCONUT CREEK PKWAY

City COCONUT CREEK FL Zip Code 33063

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

1/9/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HAQ, SALEEM
STREET ADDRESS 4845 COCONUT CREEK PKWY.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE MD. PA
NAME HAQ, SALEEM
STREET ADDRESS 4845 COCONUT CREEK PKWAY
CITY-ST-ZIP COCONUT CREEK FL 33063

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-2001 (954) 968-2955

CR2E034 (10/00)