

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90048 031 ***150.00

DOCUMENT # L95574

1. Entity Name
ASSAD O. MOJTABAE, M.D., P.A.



Principal Place of Business
**45 NW 8TH ST SUITE 106
SUITE 106
HOMESTEAD FL 33030
US**

Mailing Address
**45 NW 8TH ST SUITE 106
SUITE 106
HOMESTEAD FL 33030
US**



2. Principal Place of Business

**45 NW, 8th St.
Suite, Apt. #, etc.
Suite 106**

3. Mailing Address

**45 NW, 8th St.
Suite, Apt. #, etc.
Suite 106**

☒ CHECK HERE IF MAKING CHANGES

City & State
Homestead FL

City & State
Homestead FL

4. FEI Number **65-0223043**

Applied For
Not Applicable

Zip
33030

Country
US

Zip
33030

Country
US

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

6. Name and Address of Current Registered Agent

**MOJTABAE, ASSADOLLAH
12265 S 98 ST.
MIAMI FL 33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MOJTABAE, ASSAD O., MD**
STREET ADDRESS **45 NW 8 ST, SUITE 106**
CITY-ST-ZIP **HOMESTEAD FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Assad O. Mojtabee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

305-246-0713

Daytime Phone #

CR2E034 (10/02)