

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90107 006 ***150.00

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DOCUMENT # M21182

1. Entity Name

RONALD D. SMITH, M.D. & EDUARDO WEISS, M.D., P.A

Principal Place of Business

**1150 NORTH 35TH AVENUE
SUITE #560
HOLLYWOOD FL 33021
US**

Mailing Address

**1150 NORTH 35TH AVENUE
SUITE #560
HOLLYWOOD FL 33021
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2582062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, RONALD D M
1150 NORTH 35TH AVENUE
SUITE #560
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Ronald D Smith, MD + Eduardo Weiss, MD, PA**
Street Address (P.O. Box Number is Not Acceptable) **3850 Hollywood Blvd**
#301
City **Hollywood** FL Zip Code **33021**

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

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, 2002 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 **PST** ☐ Delete
NAME **SMITH, RONALD D.**
STREET ADDRESS **1150 NORTH 35TH AVE. SUITE #560**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Ronald D Smith, MD + Eduardo Weiss, MD, PA**
STREET ADDRESS **3850 Hollywood Blvd #560**
CITY-ST-ZIP **Hollywood, FL 33021**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
GERSON, PRESTON, ROBINSON & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

DADE: (305) 868-3600
BROWARD: (954) 522-3202
TAMPA: (813) 228-9275

666 SEVENTY-FIRST STREET
MIAMI BEACH, FL 33141

FAX: (305) 864-6740

m 21182
PALM BEACH: (561) 833-9573
BOCA RATON: (561) 392-9059
ORLANDO: (407) 843-1159

DATE 01/18/02

Enclosed are 2 copies of Form: 2002 UNIFORM BUSINESS REPORT (UBR)
ANNUAL CORPORATE REPORT

For (Name of Taxpayer): RONALD D. SMITH, M.D., & EDUARDO WEISS, M.D., P.A.

Taxable Year Ended: December 31, 2002

Original must be signed and Dated by: AN OFFICER

Mail Original to: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

On or before 5/1/01

Payments to be made as follows:
\$ 150.00

Make checks payable to: FLORIDA DEPARTMENT OF STATE

TAXPAYER'S COPY IS ENCLOSED FOR YOUR FILES.

NOTE: INDICATE CHANGES IF ANY ON LINES 7 AND 12
WRITE YOUR FEDERAL E.I.D. # ON MEMO PORTION OF PAYMENT CHECK.