

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90346 034 ***150.00

DOCUMENT # M33271

1. Entity Name

STAUBER, BASSAN & BLOOM, M.D., P.A.

Principal Place of Business

**4302 ALTON ROAD
SUITE 850
MIAMI BEACH FL 33140
US**

Mailing Address

**P.O. BOX 402507
MIAMI BEACH FL 33140-0507
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

59-2679269

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

BASSAN, ISAAC

4302 ALTON ROAD, STE. 850

MIAMI BEACH FL 33140

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
NAME **PD BASSAN, ISAAC**
STREET ADDRESS **4302 ALTON ROAD, SUITE 850**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
NAME **D BLOOM, MICHAEL**
STREET ADDRESS **4302 ALTON ROAD, SUITE 850**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/02

Daytime Phone #

(305) 532-2999

CR2E034 (4/02)

Attachment
Document #
M33271

Stauber, Bassan & Bloom, M.D., P.A.

4302 Alton Road Suite 850

Miami Beach, Florida 33140

(305) 532-2228

Isaac Bassan, M. D.

* Michael L. Bloom, M. D.

July 16, 2002

Uniform Business Report

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

RE: Document # M3371

FEI # 59-2679269

To whom it may concern,

I would like to apologize for sending this payment in late. To my knowledge, I received this statement for the first time in July. We are going through some changes and the original statement may have not reached me. If you check your records, we had a previous address of 7000 S.W. 62nd Ave. Suite PH-S, South Miami, FL 33143

I would greatly appreciate it if you could reconsider accepting the filing fee of \$150.

Sincerely,



Isaac Bassan, M.D.

President