

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M34966**

1. Entity Name

SURFSIDE HEARING AID CENTER, INC.**FILED**
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90573 015 ***150.00

Principal Place of Business

**222 95TH STREET
SURFSIDE FL 33154**

Mailing Address

**222 95TH STREET
SURFSIDE FL 33154****A0073202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2694305

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHAW, JONATHAN C.
222 95TH ST.
SURFSIDE FL 33154**

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.

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, 2000 Min. 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 **DP** ☐ Delete
NAME **SHAW, JONATHAN C.**
STREET ADDRESS **222 95TH ST.**
CITY-ST-ZIP **SURFSIDE FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-2000 305-861-1222
Date Daytime Phone #

Attachment 734966
AUG 13 2002

SURFSIDE HEARING AID CENTER

HEARING AIDS OF QUALITY • SINCE 1958

Phone (305) 861-1222

222 - 95th Street
Surfside, Florida 33154

8-14-2000

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED MY
FIRST - NOTICE, FROM DIVISION OF CORP.
I USUALLY GET IT, EARLY IN THE YEAR.
ENCLOSED FIND CHECK FOR \$150.00.

THANK YOU

