

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90113 032 ***150.00

DOCUMENT # M67316

1. Entity Name
DAVID MAFDALI, D.P.M., P.A.



Principal Place of Business
**20901 N.E. 21ST AVENUE
NORTH MIAMI BEACH FL 33179**

Mailing Address
**20901 N.E. 21ST AVENUE
NORTH MIAMI BEACH FL 33179**

90017969



2. Principal Place of Business

3. Mailing Address

241 POINCIANA ISLAND DRIVE

SAME

City & State
SKUNK ISLES BEACH FL

City & State

Zip
33162-4520

Country
USA

Zip

Country

4. FEI Number **65-0038874**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAFDALI, DAVID
20901 N.E. 21ST AVENUE
NORTH MIAMI BEACH FL 33179**

7. Name and Address of New Registered Agent

Name **DAVID MAFDALI**
Street Address (P.O. Box Number is Not Acceptable)
241 POINCIANA ISLAND DRIVE
City **SKUNK ISLES BEACH** FL Zip Code **33162-4520**

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]** DATE **1/17/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MAFDALI, DAVID**
STREET ADDRESS **20901 N.E. 21ST AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **DAVID MAFDALI** ☒ Change ☐ Addition
NAME **241 POINCIANA ISLAND DRIVE**
STREET ADDRESS **SKUNK ISLES BEACH, FL 33162-4520**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/17/03** Daytime Phone #

CR2E034 (10/02)