

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91235

1. Entity Name

MARK MIDDLEBROOKS PH.D, P.A.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90441 037 ***150.00

Principal Place of Business

1007 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33309

Mailing Address

1007 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33309

2. Principal Place of Business

455 S. BISCAYNE RIVER DR.

Suite, Apt. #, etc.

3. Mailing Address

455 S. BISCAYNE RIVER DR.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. FEI Number

65-0095904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, MARK
1007 W COMMERCIAL BLVD
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Waive 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	P	<input type="checkbox"/> Delete
NAME	MIDDLEBROOKS, MARK	
STREET ADDRESS	1007 W COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	MIDDLEBROOKS, MARK	
STREET ADDRESS	455 S. BISCAYNE RIVER DR	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOKS, MARK	
STREET ADDRESS	455 S. BISCAYNE RIVER DR.	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

MARK MIDDLEBROOKS

Date

Day Month Year

4/6/01

CR2E034 (10/00)