

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008127

1. Entity Name

FLORIDA ASSOCIATION FOR THE TREATMENT OF OBESITY

Principal Place of Business

1321 NORTHEAST 40TH COURT
POMPANO BEACH FL 33064

Mailing Address

1321 NORTHEAST 40TH COURT
POMPANO BEACH FL 33064

2. Principal Place of Business

6405 N. Federal Hwy
Suite, Apt. #, etc.
401

3. Mailing Address

6405 N. Federal Hwy
Suite, Apt. #, etc.
401

City & State

Fort Lauderdale Florida

City & State

Fort Lauderdale, Florida

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILCHMAN, HOWARD J P.A.
9600 WEST SAMPLE ROAD
SUITE 507
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, ROBERT 1321 NORTHEAST 40TH COURT POMPANO BEACH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAREMA, ROBERT 1321 NORTHEAST 40TH COURT POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILCHMAN, HOWARD 9600 WEST SAMPLE ROAD, SUITE 507 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D, P Marema, Robert 6405 N. Federal Hwy #401 Fort Lauderdale, Fla. 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D, S, T Shelton, Carlos 6405 N. Federal Hwy #401 Fort Lauderdale, Fla. 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Shelton Carlos* SECRETARY / *trus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-4-01 954-351-7770

Daytime Phone #



DO NOT WRITE IN THIS SPACE

134058

CR2E037 (10/00)