

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90022 037 ***150.00

DOCUMENT # P00000021667

1. Entity Name

VEIN INSTITUTE OF FLORIDA, INC.

Principal Place of Business

~~5640 COLLINS AVENUE #7C~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~5640 COLLINS AVENUE #7C~~
~~MIAMI BEACH FL 33140~~

2. Principal Place of Business

200 BUTLER ST

3. Mailing Address

3416 PRIMROSE CT

Suite, Apt. #, etc.

303

Suite, Apt. #, etc.

205

City & State

W Palm Beach FL

City & State

Palm Beach GARDENS FL

4. FEI Number

69-0988747

Applied For

Not Applicable

Zip

33407

Country

Palm Beach

Zip

33410

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIELEY, HARLAN C M.D.

~~5640 COLLINS AVENUE #7C~~

~~MIAMI BEACH FL 33140~~

7. Name and Address of New Registered Agent

Name

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

3416 PRIMROSE CT 205

Palm Beach GARDENS

City

FL

Zip Code

33410

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, name 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, 2002 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **BIELEY, HARLAN C M.D.**
STREET ADDRESS **5640 COLLINS AVENUE #7C**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

HARLAN BIELEY

Date

2/28/02

Daytime Phone #

832-2442

CR2E034 (9/01)