

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034960

1. Entity Name

HOKE T. HAN, M.D., P.A.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90017 045 ***150.00

Principal Place of Business
1900 SOUTH TREASURE DRIVE
SUITE 5C
NORTH BAY VILLAGE FL 33141

Mailing Address
1900 SOUTH TREASURE DRIVE
SUITE 5C
NORTH BAY VILLAGE FL 33141

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5901 Town Bay Dr.
Suite, Apt. #, etc.
8-28

3. Mailing Address
5901 Town Bay Dr.
Suite, Apt. #, etc.
8-28

City & State
Boca Raton FL
Zip
33486

City & State
Boca Raton, FL
Zip
33486

4. FEI Number
65-0997735

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Hunt, Cook, Riggs, Mehr & Miller P.A.
Street Address (P.O. Box Number is Not Acceptable)
2200 N.W. Corporate Blvd.
Suite #401
City
Boca Raton FL Zip Code
33431

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)

1/5/01
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
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PSTD HAN, HOKE T MD 1900 SOUTH TREASURE DRIVE NORTH BAY VILLAGE FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5901 Town Bay Dr # 8-28 Boca Raton, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/5/01
Date

(561)964-2622
Daytime Phone #

CR2E034 (10/00)

0328050