

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041633

1. Entity Name

HISHAM HANAI, MD, P.A.

Principal Place of Business

2500 SUNRISE DRIVE
SEBRING FL 33872

Mailing Address

2500 SUNRISE DRIVE
SEBRING FL 33872

2. Principal Place of Business

5628 Central Avenue

3. Mailing Address

5628 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33707

Country

Pinellas

Zip

33707

Country

Pinellas

4. FEI Number

65 1015765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROMBLEY, MICHAEL J
2500 SUNRISE DRIVE
SEBRING FL 33872

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

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 D ☐ Delete
NAME HANAI, HISHAM M
STREET ADDRESS 2500 SUNRISE DRIVE
CITY-ST-ZIP SEBRING FL 33872

TITLE D ☐ Delete
NAME HANAI, CLAUDIA S
STREET ADDRESS 2500 SUNRISE DRIVE
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Hanai, Hisham M
STREET ADDRESS 5628 Central Avenue
CITY-ST-ZIP St. Petersburg, FL 33707

TITLE D ☒ Change ☐ Addition
NAME Hanai, Claudia
STREET ADDRESS 5628 Central Avenue
CITY-ST-ZIP St. Petersburg, FL 33707

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

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

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90401 037 ***150.00

657214



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment
657214
#P060000041633
5/3

Please forgive the deadline missed. This is my oversight having filled out the form sometime ago and "rediscovering" it today. This is our first year in business and we are sincerely trying to do it "right" Thank you.

Clavchattonai