

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90020 050 ***150.00

DOCUMENT # P00000042168

1. Entity Name

MARTIN D. SEGEL PH.D & ASSOCIATES, P.A.

Principal Place of Business

**C/O KAUFMAN ROSSIN & CO.
2699 SOUTH BAYSHORE DRIVE STE #500
MIAMI FL 33133**

Mailing Address

**C/O KAUFMAN ROSSIN & CO.
2699 SOUTH BAYSHORE DRIVE STE #500
MIAMI FL 33133**

2. Principal Place of Business

9250 Glades Road

Suite, Apt. #, etc.

Suite 109

City & State

Boca Raton, FL

Zip

33434

Country

Palm Beach

3. Mailing Address

9250 Glades Road

Suite, Apt. #, etc.

Suite 109

City & State

Boca Raton, FL

Zip

33434

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

FARRA, MIGUEL G

**2699 SOUTH BAYSHORE DRIVE, FIFTH FLOOR
COCONUT GROVE FL 33133**

Name

Jesse Singer

Street Address (P.O. Box Numbers Not Acceptable)

2699 S. Bayshore Drive, 4th FL

City

Coconut Grove

FL

Zip Code

33133

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

Jesse T. Singer
Signature, typed or printed name of registered agent and title if applicable.

Jesse Singer

(NOTE: Registered Agent signature required when reinstating)

1/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SEGEL, MARTIN D**
STREET ADDRESS **5845 FOX HOLLOW DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33486**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

1/11/01 561 558-8333

CR2E034 (10/00)