

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90076 048 ***150.00

DOCUMENT # P00000056656

1. Entity Name

MICHELLE F. BAUER, M.D., P.A.

Principal Place of Business

~~4300 ALTON RD. MAIN BUILDING 6TH FL.~~
~~#629~~
~~MIAMI BEACH FL 33140~~

Mailing Address

~~4300 ALTON RD. MAIN BUILDING 6TH FL.~~
~~#629~~
~~MIAMI BEACH FL 33140~~

2. Principal Place of Business

4302 Alton Road
 Suite, Apt. #, etc.
#660 (MSOP Building)
 City & State
Miami Beach, FL
 Zip
33140 Country
USA

3. Mailing Address

4531 North Bay Road
 Suite, Apt. #, etc.
FL
 City & State
Miami Beach
 Zip
33140 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1016069

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BAUER, MICHELLE
4300 ALTON RD. MAIN BUILDING 6TH FL.
~~#629~~
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
4302 Alton Road
#660
 City
Miami Beach **FL** Zip Code
33140

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, 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
BAUER, MICHELLE
 STREET ADDRESS
4300 ALTON RD #622
 CITY-ST-ZIP
MIAMI BEACH FL 33140

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 **305 801 6012**
 Date Daytime Phone #

CR2E034 (9/01)