

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90007 035 \*\*\*150.00

**DOCUMENT # P00000064054**

1. Entity Name

**SANDY LIEBERMAN, M.D., P.A.**

Principal Place of Business

**188 PARK DRIVE  
 BAL HARBOR FL 33154**

Mailing Address

**188 PARK DRIVE  
 BAL HARBOR FL 33154**

2. Principal Place of Business

**Beachside Pediatrics**

3. Mailing Address

**1048 Kane Concourse**

Suite, Apt. #, etc.

**#102**

Suite, Apt. #, etc.

City & State

**Bay Harbor FL**

City & State

4. FEI Number

**65-1027050**

Applied For

Not Applicable

Zip

**33154**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**STRAUS, ARNOLD M JR. ESQ**

**10081 PINES BLVD.**

**SUITE C**

**PEMBROKE PINES FL 33024**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PSD** ☐ Delete  
 NAME **LIEBERMAN, SANDY**  
 STREET ADDRESS **188 PARK DRIVE**  
 CITY-ST-ZIP **BAL HARBOR FL 33154**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 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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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/11/01**

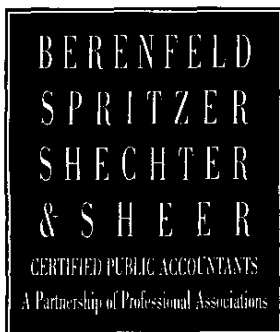
**(305) 865-5439**

Date

Daytime Phone #

0045715 AV

CR2E034 (5/01)



*Attachment*

*#P00000064054*

*B0000300*

July 16, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Sandy Lieberman, M.D., P.A.  
FEIN: 65-1027050

Dear Sirs,

Enclosed please find a check in the amount of \$150.00 in payment of 2001 Uniform Business Report for Sandy Lieberman, M.D., P.A. The original report was mailed to the corporation's lawyer and was not forwarded to them. The corporation was incorporated in 2000 and they were not aware that they had to file this return or of the May 1<sup>st</sup> due date.

Due the circumstances mentioned above, we respectfully request abatement of all penalties due to the late filing of this report.

If you should have any questions, please do not hesitate in calling.

Very truly yours,

BERENFELD, SPRITZER, SHECHTER & SHEER

*Philip J. Shechter*

PHILIP J. SHECHTER, CPA

PJS/jaw

Enclosures

cc: Sandy Lieberman, M.D., P.A.