

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90385 023 ***150.00

DOCUMENT # P00000076927

1. Entity Name

TIBOR RADVANY, M.D., P.A.

Principal Place of Business

**18151 N.E. 31ST COURT APT. 1717
 AVENTURA FL 33160**

Mailing Address

**18151 N.E. 31ST COURT APT. 1717
 AVENTURA FL 33160**

2. Principal Place of Business

16080 BRISTOL ISLE WAY

Suite, Apt. #, etc.

3. Mailing Address

16080 BRISTOL ISLE WAY

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33446

Country

USA

Zip

33446

Country

USA

4. FEI Number

65-1034235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RADVANY, TIBOR M.D.

**18151 N.E. 31ST COURT APT. 1717
 AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

TIBOR RADVANY M.D.

Street Address (P.O. Box Number is Not Acceptable)

16080 BRISTOL ISLE WAY

City

DELRAY BEACH

FL

Zip Code

33446

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 *Tibor Radvany M.D.* **(TIBOR RADVANY M.D.)**

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

(NOTE: Registered Agent signature required when reinstating)

4/5/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

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 **RADVANY, TIBOR M.D.**
 STREET ADDRESS **18151 N.E. 31ST COURT APT. 1717**
 CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 **TIBOR RADVANY M.D.**
 STREET ADDRESS **16080 BRISTOL ISLE WAY**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(TIBOR RADVANY M.D.)

4/5/02 561-499-6335
 Date Daytime Phone #

CR2E034 (9/01)