

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**  
 01-16-2002 90197 012 \*\*\*150.00

**DOCUMENT # P00000107449**

1. Entity Name  
**ALI GARDEN MEDICAL GROUP INC.**

Principal Place of Business  
**99 NW 183RD STREET**  
**NORTH MIAMI BEACH FL 33169**

Mailing Address  
**99 NW 183RD STREET**  
**NORTH MIAMI BEACH FL 33169**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**99 Nw 183rd Street**  
 Suite, Apt. #, etc. **106**

3. Mailing Address  
**P.O. Box 693192**  
 Suite, Apt. #, etc.

City & State  
**North Miami Beach, FL**  
 Zip Country  
**33169 USA**

4. FEI Number **65-1055415**  
 Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CHAGANI, LAILA F DR.**  
**99 NW 183RD STREET**  
**NORTH MIAMI BEACH FL 33169**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 |                            |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|----------------------------|---------------------------------|---|--|---|
| TITLE                      | PD                         | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CHAGANI, LAILA F DR.       |                                 | NAME  |  |   |
| STREET ADDRESS             | 99 NW 183RD STREET         |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                | NORTH MIAMI BEACH FL 33169 |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | CITY-ST-ZIP   |  |   |
| TITLE                      |                            | <input type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            |                                 | NAME  |  |   |
| STREET ADDRESS             |                            |                                 | STREET ADDRESS  |  |   |
| CITY-ST-ZIP                |                            |                                 | 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: *Laila F Chagani*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-8-02* *305 652 9772*  
 Date Daytime Phone #

CR2E034 (9/01)