

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114311

1. Entity Name

RAYMOND MATHEWS M.D., P.A.

Principal Place of Business

Mailing Address

10067 PINES BLVD., SUITE B
PEMBROKE PINES FL 33024

10067 PINES BLVD., SUITE B
PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1060970

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name Raymond Mathews M.D., P.A.

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

2864 Sutter Ave

City

Cooper City

FL

Zip Code

33024

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

Raymond Mathews M.D.

RAYMOND MATHEWS M.D.
President

2/12/01

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, 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	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>MATHEWS, RAYMOND M.D.</u>	
STREET ADDRESS	<u>10067 PINES BLVD., SUITE B</u>	
CITY-ST-ZIP	<u>PEMBROKE PINES FL 33024</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Raymond Mathews M.D.

RAYMOND MATHEWS M.D.

2/12/01

(954) 431-6911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90056 001 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)