

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90015 041 ***150.00

DOCUMENT # P01000000568

1. Entity Name

CHRISTINE HAUGEN, M.D., P.A.

Principal Place of Business

Mailing Address

**1 CENTURY LANE #406
 MIAMI BEACH FL 33139**

**1 CENTURY LANE #406
 MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

221 E. Palmetto Park Rd

221 E. Palmetto Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-1065784

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAUGEN, CHRISTINE
 1 CENTURY LANE #406
 MIAMI BEACH FL 33139**

Name

Christine Haugen

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

221 E. Palmetto Park Road

City

Boca Raton

FL

Zip Code

33432

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

[Signature] **Christine Haugen, President** **2/18/02**

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 **P** ☐ Delete
 NAME **HAUGEN, CHRISTINE**
 STREET ADDRESS **1 CENTURY LANE #406**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **President** ☒ Change ☐ Addition
 NAME **Haugen Christine**
 STREET ADDRESS **221 E. Palmetto Park Rd.**
 CITY-ST-ZIP **Boca Raton FL 33432**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] **Christine Haugen**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/02 (561)955-8813

CP2E034 (9/01)

0405196 AV