

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90554 018 ***150.00

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DOCUMENT # P01000001550

1. Entity Name
FRANCES M. MALLY, D.O., P.A.

Principal Place of Business

16714 N.W. 18TH STREET
PEMBROKE PINES FL 33028
7100 W 20 Ave
Hialeah, FL 33016

Mailing Address

16714 N.W. 18TH STREET
PEMBROKE PINES FL 33028

87894833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100 W 20 Ave
Suite, Apt. #, etc.
STE 504

3. Mailing Address

16714 NW 18 ST
Suite, Apt. #, etc.

City & State
Hialeah, FL

Zip
33016

Country
USA

City & State

Pembroke Pines, FL

Zip
33028

Country
USA

4. FEI Number

65-1074161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALVER, PAUL
5881 N.W. 151 STREET
#101
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

N/A

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 \$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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
D
MALLY, FRANCES M DO
16714 N.W. 18TH STREET
PEMBROKE PINES FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: *Frances M Mally Do*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 305-362-4007
Date Daytime Phone #

CR2E034 (9/01)