

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90081 008 ***150.00

DOCUMENT # P01000009651

1. Entity Name

ASGHAR A CHAUDHRY MD PA

DO NOT WRITE IN THIS SPACE

34555

2. Principal Place of Business

11711 NW 26th CT

3. Mailing Address

11711 NW 26th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-1077058

Applied For

Not Applicable

Zip
33065

Country
USA

Zip
33065

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
ASGHAR A CHAUDHRY

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

11711 NW 26th CT

City
CORAL SPRINGS

FL

Zip Code
33065

**DO NOT WRITE
IN THIS SPACE**

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)
Signature, typed or printed name of registered agent and UBR applicable.

(NOTE: Registered Agent signature required when reappointing)

5/29/02
DATE

**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President
NAME
Asghar A. Chaudhry
STREET ADDRESS
11711 NW 26th CT
CITY-ST-ZIP
Coral Springs FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other files empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02
Date

(954) 340-7831
4-26-02
Daytime Phone #

CR2E034B (12/01)