

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000100210

1. Entity Name

NEW LIFE MATERNITY AND WOMEN'S CENTER, P.A.

Principal Place of Business

601 W SAMPLE RD STE 104
POMPANO BCH FL 33064

Mailing Address

601 W SAMPLE RD STE 104
POMPANO BCH FL 33064

2. Principal Place of Business

2100 E. SAMPLE RD

Suite, Apt. #, etc.

201

3. Mailing Address

2100 E. SAMPLE RD

Suite, Apt. #, etc.

201

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

City & State

LIGHTHOUSE POINT, FL

Zip

33064

Country

USA

4. FEI Number

03-0416735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GERMAN, MARIO D ESQ.
100 E SAMPLE STE 320
POMPANO BCH FL 33064

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHIDIAC, RITA G
3700 NE 31 AVE
LIGHTHOUSE PT FL 33064

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Rita Garulli Chidiac RITA GARULLI-CHIDIAC 7-4-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment
Dr. # P01000100210

August 12, 2002

Re: FEI- No: 03-0416735

Dear Sir:

I have enclosed a check for \$150.00 for this UBR and I am requesting that you please waive the \$400.00 penalty. This was the first notice that I received regarding this filing. There was a change in address and any prior notices that were sent were not forwarded to me. Please advise me if the waiving of the penalty is not acceptable.

Thank you.

Rita Gonnelli-Chidiac