

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 25 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107617

1. Entity Name

Teri Beers, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 Century Lane #309

Suite, Apt. #, etc.

3. Mailing Address

1 Century Lane #309

Suite, Apt. #, etc.

City & State

Miami Beach

Zip

Florida

Country

33139

City & State

Miami Beach

Zip

Florida

Country

33139

4. FEI Number

65-1146632

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Teri Beers

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

1 Century Lane #309

City

Miami Beach

FL

Zip Code

33139

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

11/14/02

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	Teri Beers
STREET ADDRESS	1 Century Lane #309
CITY - ST - ZIP	Miami Beach, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR250343 (12/01)

11/14/02

November 14, 2002
Florida Department of State
Division of Corporations

Re: Teri Beers M.D. P.A.
Document # P01000107617

To Whom It May Concern:

I was hired by Teri Beers M.D P.A as it's accountant and immediately noticed that the 2002 Uniform Business Report had not been filed. I questioned the president and owner of the corporation and was informed that she never received the annual report in the mail and was unaware that the corporation needed to file a report to maintain an active corporate status. I have enclosed a substitute 2002 uniform business report and a check payable to the Department of state for \$150.00. I am requesting that the penalty be waived in this case due to the fact that it is the first year of business operations and my client was unaware of the appropriate filing procedures and never received the uniform business report in the mail. All future filings will be done in a timely manner. Thank you in advance for your assistance in this matter and if you have any additional questions, please don't hesitate to contact me at (305)653-7350.

Sincerely,



Andrew Socol
Certified Public Accountant