

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

0165750 AV

04-07-2003 90216 046 \*\*\*150.00

**DOCUMENT # P01000114329**

1. Entity Name  
**SHLOMO PASCAL, M.D., P.A.**



Principal Place of Business: **2400 UNIVERSITY DRIVE, SUITE 209  
PEMBROKE PINES FL 33024**

Mailing Address: **2400 UNIVERSITY DRIVE, SUITE 209  
PEMBROKE PINES FL 33024**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-1154043</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**PASCAL, SHLOMO**  
**18335 N W 12TH STREET**  
**PEMBROKE PINES FL 33029**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PASCAL, SHLOMO</b>
STREET ADDRESS	<b>18335 N W 12TH STREET</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shlomo Pascal M.D., PA</b>	
STREET ADDRESS	<b>2400 University Dr. #209</b>	
CITY-ST-ZIP	<b>Pembroke Pines, FL. 33024</b>	
	<b>Ph: 954-436-0136</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **4/2/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)