

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2002 8:00 am
Secretary of State

05-28-2002 90712 012 ***550.00

DOCUMENT # P01000117181

1. Entity Name

CONSULTANTS IN INFECTIOUS DISEASES, INC.

Principal Place of Business

**PO BOX 4370
 SEMINOLE FL 33775**

Mailing Address

**PO BOX 4370
 SEMINOLE FL 33775**

2. Principal Place of Business

5670 54th Ave North

3. Mailing Address

Suite, Apt. #, etc.

Suite A-1

Suite, Apt. #, etc.

City & State
KENNETH CITY

City & State

Zip **33709**

Country
PINELLAS

Zip

Country

4. FEI Number

01-0566334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SARAI, ABEY
 8660 CENTRE COURT
 LARGO FL 33777**

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 **President** ☐ Delete
 NAME **Abey Sarai**
 STREET ADDRESS **8660 Centre Court**
 CITY-ST-ZIP **Largo FL 33777**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE *Abey Sarai*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/02

(727) 548 0260

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

P01000117181

98561

08/20/02

Division of Corporations
UBR Report Filings
P O Box 1500

Dear Sir/Ms.,

Please find enclosed the completed UBR. This form was initially sent to the Division of Corporations in May 2002. It was apparently returned. I have not received the returned document.. One of your officer requested me to provide this letter attesting to the fact that I have not received notification . In addition he requested that I provide a copy of the cancelled check for \$550 paid in May 2002. Please find this copy enclosed.

Thank you,



Abey Sarai MD FACP
President Consultants in Infectious Diseases

