

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90049 027 ***150.00

DOCUMENT # P02000018897

1. Entity Name
DR. RALPH BIRZON, P.A.



Principal Place of Business
**1065 YELLOW BIRCH TERRACE
HOLLYWOOD FL 33019**

Mailing Address
**1065 YELLOW BIRCH TERRACE
HOLLYWOOD FL 33019**

2. Principal Place of Business

**19999 W. COUNTRY CLUB DR
Suite, Apt. #, etc.
SPA BLDG**

3. Mailing Address

**1065 1/2 LOW BIRCH TER
Suite, Apt. #, etc.**

City & State
AVENTURA, FL.

City & State
HOLLYWOOD, FL

4. FEI Number
02-0555129

Applied For
Not Applicable

Zip
33180

Country
DADE

Zip
33019

Country
BROWARD

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRAND, MARK S ESQ
3440 HOLLYWOOD BLVD., STE. 450
HOLLYWOOD FL 33021**

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

Dr. Ralph Birzon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** ☐ Delete
NAME **BIRZON, RALPH**
STREET ADDRESS **1065 YELLOW BIRCH TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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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:

Dr. Ralph Birzon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/28/03** Daytime Phone #: **305-937-0061**

CR2E034 (10/02)