

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005038

1. Entity Name

BARBARA HENICK BACHOW, M.D., P.A.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90183 011 ***150.00

Principal Place of Business
1979 W. HILLSBORO BLVD.
SUITE 3
DEERFIELD BEACH FL 33442

Mailing Address
1979 W. HILLSBORO BLVD.
SUITE 3
DEERFIELD BEACH FL 33442-1444

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169
City & State
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0371938**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVEN A. SCARRETTA, P.A.
2300 GLADES RD
SUITE 302-E
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
BARBARA H. BACHOW
Street Address (P.O. Box Number is Not Acceptable)
1979 W HILLSBORO BLVD. #3
City
DEERFIELD BEACH **FL** Zip Code
33442

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 *Barbara H Bachow MD* - Director/President 3/30/00
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PVST	<input type="checkbox"/> Delete
NAME	BACHOW, BARBARA H	
STREET ADDRESS	1979 W. HILLSBORO BLVD. SUITE 3	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: *Barbara H Bachow MD* (Barbara H Bachow) 3/30/00 420-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)