

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90258 040 ***150.00

DOCUMENT # P92000007004

1. Entity Name
LORI A. CAPUTI, O.D., P.A.

Principal Place of Business

**926 UNIVERSITY DR
 CORAL SPRINGS FL 33071
 US**

Mailing Address

**926 UNIVERSITY DR
 CORAL SPRINGS FL 33071
 US**

change of address ad of 4-1-02

2. Principal Place of Business

7268 W. ATLANTIC BLVD.

3. Mailing Address

7268 W. ATLANTIC BLVD.

Suite, Apt. #, etc.

BAY 12

Suite, Apt. #, etc.

BAY 12

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33063

Country

USA

Zip

33063

Country

USA

6. Name and Address of Current Registered Agent

CAPUTI, LORI A

926 N. UNIVERSITY DRIVE

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

LORI A. CAPUTI, O.D., P.A.

7268 W. ATLANTIC BLVD.

BAY 12

MARGATE

FL

33063

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

Lori A. Caputi, O.D., P.A.

4-20-02

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, 2002 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 **P** ☐ Delete
 NAME **CAPUTI, LORI**
 STREET ADDRESS **5394 OSPREY ST**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Lori A. Caputi, O.D., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 954-968-8080

Date

Daytime Phone #

CR2E034 (9/01)