

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90363 042 \*\*\*150.00

0647013 SP

**DOCUMENT # P93000006601**

1. Entity Name

**MUJAHED M. AHMED, M.D., P.A.**

Principal Place of Business

**1195 N MILITARY TRAIL  
 STE A  
 WEST PALM BEACH FL 33409  
 US**

Mailing Address

**200 C2 CROSSWINDS DR  
 SUITE 5  
 WPB FL 33413  
 US**

2. Principal Place of Business

**10078 W. Indiantown Rd**

3. Mailing Address

**200 C2 Crosswinds Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**W. P. B. FL**

City & State

**Jupiter FL 33478**

City & State

**W. P. B. FL**

Zip

**33478**

Country

**USA**

Zip

**33413**

Country

**USA**

4. FEI Number

**65-0384268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MUJAHED, AHMED M.D.  
 3918 VIA POINCIANA, STE. 5  
 LAKE WORTH FL 33467**

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.

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D AHMED, MUJAHED M 200 C2 CROSSWINDS DRIVE WPB FL 33413</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*M. Ahmed*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.1.02 561-7431800**

CR2E034 (9/01)