

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90009 040 ***150.00

0199725

DOCUMENT # P93000029173

1. Entity Name

DR. LEE S. BARBACH, P.A.

Principal Place of Business

**85 NE 167 STREET
N. MIAMI BEACH FL 33162
US**

Mailing Address

**85 NE 167 STREET
N. MIAMI BEACH FL 33162
US**

2. Principal Place of Business

18189 Biscayne Blvd.

Suite, Apt. #, etc.

3. Mailing Address

18189 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Aventura, FL.

City & State

Aventura, FL.

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-0402002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARBACH, LEE S
85 NE 167TH ST
N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

Barbach, Lee S

Street Address (P.O. Box Number is Not Acceptable)

18189 Biscayne Blvd.

City

Aventura

FL

Zip Code

33160

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

Lee S Barbach

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

(NOTE: Registered Agent signature required when reinstating)

4-4-01

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, 2001 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 **PSD** ☒ Delete
NAME **BARBACH, LEE S**
STREET ADDRESS **85 NE 167 ST**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

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 **PSD** ☒ Change ☐ Addition
NAME **BARBACH, LEE S**
STREET ADDRESS **18189 Biscayne Blvd**
CITY-ST-ZIP **Aventura, FL 33160**

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

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

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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:

Lee S Barbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01

DATE

305-932-5505

DAYTIME PHONE #

CR2E034 (10/00)