

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039248

Entity Name

CARDIOVASCULAR MEDICAL SPECIALISTS OF THE PALM BEACHES PA

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90116 013 \*\*\*150.00

Principal Place of Business

Mailing Address

45TH STREET  
204  
PALM BEACH FL 33407

927 - 45TH STREET  
STE 204  
WEST PALM BEACH FL 33407-2450  
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0409694

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, MICHAEL J  
10921 LARCH COURT  
PALM BEACH GARDENS FL 33418

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p><b>D</b> <input type="checkbox"/> Delete</p> <p>STEIN, MICHAEL J</p> <p>10921 LARCH COURT</p> <p>PALM BEACH GARDENS FL 33418</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>ADDRESS</p> <p>ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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 furnished 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)