

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045869

1. Entity Name

ELY D. PELTA MD PA

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

04-11-2001 90120 002 \*\*\*150.00

0139665

Principal Place of Business  
10854 WILES RD  
CORAL SPRINGS FL 33076  
US

Mailing Address  
10854 WILES RD  
CORAL SPRINGS FL 33076  
US

741049



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3111 NO. UNIVERSITY DR.  
Suite, Apt. #, etc.  
SUITE 400

3. Mailing Address  
3111 NO. UNIVERSITY DR.  
Suite, Apt. #, etc.  
STE. 400

City & State  
CORAL SPRINGS, FL

City & State  
CORAL SPRINGS, FL

Zip  
33065

Country  
FLORIDA

Zip  
33065

Country  
FLORIDA

4. FEI Number 65-0419326

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
PELTA, ELY D  
10854 WILES RD  
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
3111 NO. UNIVERSITY DR.  
SUITE 400  
City  
CORAL SPRINGS FL Zip Code  
33065

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 DATE 4/9/01  
(NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	PELTA, ELY D	
STREET ADDRESS	9974 NW 65TH MANOR	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PELTA, MARTHA	
STREET ADDRESS	9974 NW 65TH MANOR	
CITY-ST-ZIP	PARKLAND FL 33076	
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: ELY PELTA MD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/9/01  
Daytime Phone #

CR2E034 (10/00)