

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000065584

1. Entity Name

PAUL M. GUSTMAN, M.D., P.A.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90094 007 \*\*\*150.00

Principal Place of Business

8940 NORTH KENDALL DRIVE  
701  
MIAMI FL 33176  
US

Mailing Address

8940 NORTH KENDALL DRIVE  
701  
MIAMI FL 33176  
US

2. Principal Place of Business

3. Mailing Address

8780 SW 92 ST  
Suite, Apt. #, etc. 210  
City & State MIAMI FL  
Zip 33176 Country DADE

8780 SW 92 ST  
Suite, Apt. #, etc. 210  
City & State MIAMI FL  
Zip 33176 Country DADE



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0436930

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

GUSTMAN, PAUL M MD

8940 NORTH KENDALL DRIVE  
SUITE 701  
MIAMI FL 33176

Name

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

8780 SW 92 ST  
MIAMI FL

City

FL

Zip Code

33176

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME GUSTMAN, PAUL M MD  
STREET ADDRESS 8940 N. KENDALL DR- STE 701  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)