2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085535

1. Entity Name

MICHAEL HECHT, O.D., P.A.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90211 037 ***150.00

Principal Planting 167 WATERI JUPITER FLUS		SS	167	Mailing Address 167 WATERFORD DR JUPITER FL 33458 US				i jedijenji ma inige ilmi gomi deni:	88 44 86 48 4 11	! ?! ()! ? ! b !!	na disar ako yang
2. Principal Place of Business				3. Mailing Address							
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.					C OUTOV UEDE I			
City & Sta	ate		City & State					CHECK HERE IF MAKING CHANGES 4. FEI Number CE_O4E4E04 Applied For			
Zip		Country	Zir	0	Cour	ntry		65-0454501			Not Applicable
	6. Name	and Address of Curren	t Posista	rod Avent		·		5. Certificate of Status Desired	_ F	8.75 A ee Requi	dditional red
		and Address of Carrell	r vedirie	red Agent	 -	Name	7	7. Name and Address of New Rec	jistered A	gent	
HECHT, I	HECHT, MICHAEL							<u> </u>		_	
	erford dr			Street Address			dress (P.O	(P.O. Box Number is Not Acceptable)			
JUPITER	FL 33458										
	_					City			FL	Zip Co	de
8. The above	e named entity	submits this statement for	or the purp	pose of changing its	s registere	ed office or re	gistered	agent, or both, in the State of Florid	la Lamfa	milian with	
the obliga	tions of registe	ered agent,					0	agond or both, in the otate of Floric	ia. Taiii ia	milar With	i, and accept
SIGNATURE	Signature hand										
		or printed name of registered agent	and title if ap	plicable. (NOT	E: Registere	d Agent signature	required whe	en reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.0	00 May Be
10.		OFFICERS AND)RS	11.		 ,	ADDITIONS (CHANGES TO STORE			
TITLE	PD			☐ Delete	TITLE	·	<u> </u>	ADDITIONS/CHANGES TO OFFICE			
NAME STREET ADDRESS	MECHT, MIC WATERFOR	CHAEL O D			NAME				L] Change	Addition
CITY-ST-ZIP	JUPITER FL					T ADDRESS					
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NAME				□ Delete	TITLE] Change	Addition
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NAME STREET ADDRESS					NAME				L	ondrige	☐ Addition
CITY-ST-ZIP						ADDRESS					
L	ertify that the in	nformation supplied with t	Lie green		CITY-ST	I-ZIP					

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 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

1/8/03

56-622-4030 Daytime Phone #