

2001 UNIFORM BUSINESS REPORT (UBR)

112

DOCUMENT # **PA4000003751**

1. Entity Name

EDWARD W. SCHWARTZ, M.D. P.A.

FILED

01 NOV -8 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**7431 N UNIVERSITY DR #206
TAMARAC, FL 33321**

Mailing Address

**C/O BLAKESBERG & Co., CPA
951 SW 4TH AVE
BOCA RATON, FL 33432-5803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0461359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Edward W Schwartz
7431 N University Dr
Tamarac FL 33321**

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **DR. EDWARD W. SCHWARTZ MD**
STREET ADDRESS **7431 N. UNIVERSITY DR #206**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME **200004703632--0**
STREET ADDRESS **-12/04/01--01030--002**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

DR. EDWARD W. SCHWARTZ MD

Date

561-750-8300

10/15/01

CR2E034 (11/00)

— Please Do Not Remove — -2-

EDWARD W. SCHWARTZ, M.D., P.A.
7431 N. UNIVERSITY DR.
TAMARAC FL 33321
(954) 722-9227

October 11, 2001

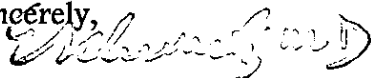
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Uniform Business Report 2001

To Whom It May Concern:

Enclosed you will find the 2001 Uniform Business Report for the year 2001. As of this date I have never received the original report to file. After speaking with your office, they advised me to type a blank and remit the \$150.00 fee. Please add my information to the system so next year I receive this timely. If you should have any questions in reference to this matter, please feel free to call me. Thank you in advance for you cooperation.

Sincerely,



Dr. Edward W. Schwartz, M.D.