

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033237

1. Entity Name

L. JEROME KROVETZ MD PA

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90183 038 ***150.00

Principal Place of Business

Mailing Address

~~3714 JOHNSON ST. #210~~ *3500 Tyler St*
HOLLYWOOD FL 33021
US

~~3714 JOHNSON ST. #210~~
HOLLYWOOD FL 33021-6031
US

2. Principal Place of Business

3. Mailing Address

3500 Tyler St
Suite, Apt. #, etc.

Suite, Apt. #, etc. *Same*

City & State

City & State

Hollywood FL

Zip *33021*

Country

Zip

Country

4. FEI Number

65-0484656

Applied For

Not Applicable

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

KROVETZ, JEROME MD

~~3714 JOHNSON STREET~~ *3500 Tyler St*
HOLLYWOOD FL 33021

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

L. Jerome Krovetz

4-11-00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input type="checkbox"/> Delete
NAME	KROVETZ, L J
STREET ADDRESS	3714 JOHNSON ST. <i>3500 Tyler St</i>
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete
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
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STREET ADDRESS	
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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:

L. Jerome Krovetz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 2000 754963-4054

CR2E034 (9/99)