

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

06-18-2002 90486 034 ***150.00

DOCUMENT # P94000033237

1. Entity Name

L. JEROME KROVETZ MD PA

Principal Place of Business

**3500 TYLER STREET
HOLLYWOOD FL 33021
US**

Mailing Address

**3500 TYLER STREET
HOLLYWOOD FL 33021
US**

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

65-0484656

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
3500 TYLER STREET
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

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KROVETZ, L J
3500 TYLER STREET
HOLLYWOOD FL 33021** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 #

4/24/02 (954) 963-4054

CR2E034 (9/01)



Attachment
L. Jerome Krovetz, M.D., Ph.D., P.A.
PEDIATRIC CARDIOLOGY

869433

P940000323-7

951 N.W. 13TH ST., BLDG. 1-E
BOCA RATON, FL 33486
TELEPHONE: (561) 416-2144
FAX: (561) 750-3615

3500 TYLER STREET
HOLLYWOOD, FLORIDA 33021
TELEPHONE: (954) 963-4054
FAX: (954) 985-8748

June 11, 2002

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

I am enclosing my check #6595 for \$150.00 in payment of my 2002 UBR. Please note the check is dated April 24, 2002. There are extenuating circumstances involved. My long-time Office Manager, Diane Fowler, suffered a death in her family in late April. Several checks had been cut for May 1st payment. These were left in a drawer and only recently discovered. In Diane's time of grief, the checks were completely forgotten.

I apologize for the tardiness of this filing, but hope you will understand the circumstances and accept this payment accordingly.

Sincerely yours,

L. Jerome Krovetz, M.D.

LJK/elb
Enclosures