

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90267 049 ***150.00

DOCUMENT # P94000087742

1. Entity Name
MICHAEL ELPERT, D.V.M., P.A.



Principal Place of Business

~~901 NE 167 ST~~
~~N MIAMI BEACH FL 33162~~

Mailing Address

~~901 NE 167 ST~~
~~N MIAMI BEACH FL 33162~~

2. Principal Place of Business

2645 NE 186th St

3. Mailing Address

2645 NE 186th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number **65-0543407**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ELPERT, MICHAEL DVM
~~901 NE 167 ST~~
N MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

Name

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

2645 NE 186th St

City

MIAMI

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when 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 Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **ELPERT, MICHAEL**
STREET ADDRESS ~~901 NE 167 ST~~
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **VP** ☐ Delete
NAME **LINDZON-ELPERT, TAMARA KIM**
STREET ADDRESS ~~901 NE 167TH ST~~
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE **S** ☐ Delete
NAME **LINDZON, BIANCA**
STREET ADDRESS ~~901 NE 167 ST~~
CITY-ST-ZIP **N MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2645 NE 186th St**
CITY-ST-ZIP **Miami FL 33180**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03

305-931 2113

CR2E034 (10/02)