

2000 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P95000057336

1. Entity Name

AFFILIATED HEARING PROFESSIONALS OF FLORIDA, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 12 AM 10:55

Principal Place of Business

2100 E. HALLANDALE
SUITE 407
HALLANDALE FL 33009
US

Mailing Address

2100 E HALLANDALE BEACH BLVD
SUITE 407
HALLANDALE FL 33009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0631666

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SKELLY, RICHARD
2100 E. HALLANDALE BEACH BLVD.
SUITE 409
HALLANDALE FL 33009

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D SKELLY, RICHARD 2100 E. HALLANDALE BEACH BLVD. #409 HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMB, NORMAN 269 S. FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	700003337937-4 -07/27/00--01007--018 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Richard M. Skelly President

7/6/00

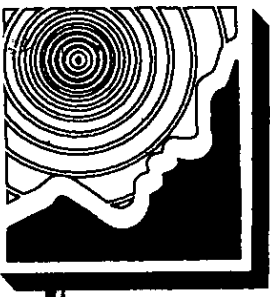
Date

(954) 458-3002

Daytime Phone #

CR2E034 (5/00)

20F2



AFFILIATED HEARING PROFESSIONALS OF FLORIDA
2100 E. HALLANDALE BEACH BLVD. • SUITES 407-409 • HALLANDALE, FLORIDA 33009
954-458-3002

July 7, 2000

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

Attn: Annual Reports

To whom it may concern,

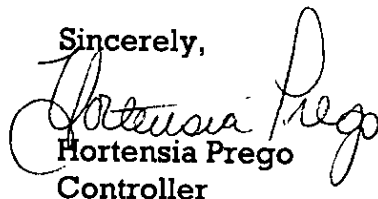
Earlier today I had a conversation with Carol, a representative in your office and I explained to her our situation. I mailed check # 2242 on March 15, 2000 in the amount of \$ 150.00 along with the signed business report. It seems to be that your office has never received our application along with the check; I have checked our bank statements and the cancelled check has never been returned to us.

Enclosed please find a copy of previous filing but I don't have a copy of the check since a cancelled check is our proof of payment. Also you will find a new issued check along with the business report.

I would like to take this opportunity to ask you to waive the past due charges and take into consideration that we have always filed on time and that this occurrence was not our fault. The original was obviously lost in the mail.

Thanking you in advance for your cooperation and understanding on this matter.

Sincerely,


Hortensia Prego
Controller