

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004928

1. Entity Name

PROFESSIONAL HEARING CARE INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90108 001 ***158.75

Principal Place of Business

Mailing Address

1395 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334

1395 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334-5237

2. Principal Place of Business

1666 E. Oakland Pk. Blvd.

3. Mailing Address

1666 E. Oakland Pk Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0633858

Applied For

Not Applicable

Zip

33334

Country

Broward

Zip

33334

Country

Broward

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, DIRK S SENTERF
100 SOUTH ASHLEY DR, STE 1600
TAMPA FL 33601

7. Name and Address of New Registered Agent

Name

Patrice M. Coppola

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

1291 S. Powerline Road

Pompano Beach, FL

City

FL

Zip Code

33069

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, 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

TITLE D ☐ Delete
NAME MATUS, GERALD E
STREET ADDRESS 1395 E. OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE D ☐ Delete
NAME COPPOLA, ROBERT C.
STREET ADDRESS 1395 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE D ☐ Delete
NAME STERN, SIDNEY J
STREET ADDRESS 1395 E. OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE D ☐ Delete
NAME COPPOLA, PATRICE M.
STREET ADDRESS 1395 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Matus, Gerald E. ☒ Change ☐ Addition
NAME
STREET ADDRESS 1666 E. Oakland Pk. Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE Coppola, Robert ☒ Change ☐ Addition
NAME
STREET ADDRESS 1666 E. Oakland Pk Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE Stern, Sidney ☒ Change ☐ Addition
NAME
STREET ADDRESS 1666 E. Oakland Pk Blvd.
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE Coppola, Patrice ☒ Change ☐ Addition
NAME
STREET ADDRESS 1291 S. Powerline Road
CITY-ST-ZIP Pompano Beach, FL 33069

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 (954) 977-6636