

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P9600001438F*

1. Entity Name

Dr Gregoire Garcon, P.A.

FILED

02 OCT 11 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Dr Gregoire Garcon, P.A.

3. Mailing Address

Same as Box #2

Suite, Apt. #, etc.

4297 N. State RD 7

Suite, Apt. #, etc.

City & State

Lauderdale Lakes FL 33319

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0599940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Gregoire Garcon D.P.M.

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

4297 N. State RD 7

City

Lauderdale Lakes

FL

Zip Code

33319

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DR Gregoire Garcon D.P.M.
4297 N State RD 7
Fort Lauderdale, FL 33319

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-10/10/02--01059--002
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



DR. GREGOIRE GARCON, D.P.M., P.A.



Please be aware, that the forms
are not with me, and I want
to send my check on time.

Cop Name: Dr. Gregoire GARCON PA

296000014381

Podiatric Physician & Surgeon