

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034315

1. Entity Name

MASCARENHAS, SCHWARTZ & STATHIS, M.D., P.A.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90029 001 ***150.00

LUU83900



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
8395 W OAKLAND PARK BLVD SUITE A SUNRISE FL 33351		8395 W OAKLAND PARK BLVD SUITE A SUNRISE FL 33351-7307	
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	65-0659955	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 N FEDERAL HWY 7TH FLOOR
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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
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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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	MASCARENHAS, EUGENE L	NAME	
STREET ADDRESS	8395 W OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	SCHWARTZ, ALAN M	NAME	
STREET ADDRESS	8395 W OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	STATHIS, JOHN P	NAME	
STREET ADDRESS	8395 W OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>X</i> <i>S. Mascarenhas</i> (President)	Date: 4/24/00	Daytime Phone #: 954-741-3335
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CR2E034 (9/99)