

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042053

1. Entity Name  
PAMELA J. MEIRI, M.D., P.A.

Principal Place of Business  
200 W. PALMETTO PARK RD  
STE. 306  
BOCA RATON FL 33422  
US

Mailing Address  
3245 HARRINGTON DRIVE  
BOCA RATON FL 33496  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33432

6. Name and Address of Current Registered Agent

TANNENBAUM, MICHAEL  
22317 SOUTHWEST 66 AVENUE #2307  
BOCA RATON FL 33428

4. FEI Number 65-0669018

Applied For  
Not Applicable

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

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

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, 2002 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 PD  
NAME MEIRI, PAMELA J M.D.  
STREET ADDRESS 3245 HARRINGTON DRIVE  
CITY-ST-ZIP BOCA RATON FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 07, 2002 8:00 am**  
**Secretary of State**

01-07-2002 90004 043 \*\*\*150.00

700108



DO NOT WRITE IN THIS SPACE

040768 AV

CR2E034 (9/01)

1/4/2002 (S61) 9880086  
Date Daytime Phone #