

FROM :

FAX NO. : 5613629982

Page 1 of 2

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000064844

1. Entity Name
AVIAN, EXOTIC & SURGICAL CONSULTANTS CORP.

Principal Place of Business

2662 N.W. 41ST STREET
BOCA RATON FL 33434

Mailing Address

2662 N.W. 41ST STREET
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FE Number 65-0690648

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, ROBERT B
2662 N.W. 41ST STREET
BOCA RATON FL 33434

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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

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 State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
ALTMAN, ROBERT B
2662 N.W. 41ST STREET
BOCA RATON FL 33434TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
JOSEPH E. ALTMAN
2662 N.W. 41ST STREET
BOCA RATON FL 33434TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(b), 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:

Robert B. Altman
Signature and typed or printed name of signing officer or director

Date

Original Printed

7-15-00 561 995 607

PAGE 2 of 2



DUNCANSON & SHEINFELD, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

August 9, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Avian, Exotic & Surgical Consultants Corp.
Reference Number: P96000064844

Dear Sir/Madam:

I enclose a copy of your response to my client's letter to you of July 15, 2000. I am truly appalled by your letter.

My clients were in an extremely serious automobile accident as indicated in Dr. Altman's letter. I do not believe it is the intent of the state to impose an onerous penalty when there is a reasonable cause. There is no doubt in my mind that as a result of the accident that occurred, there was well beyond a reasonable cause for not filing in a timely fashion, keeping in mind that these two individuals are the only persons involved with this company.

I respectfully request that you reconsider your position and accept the 2000 Uniform Business Report, a copy of which is enclosed, and abate the balance due.

Respectfully submitted,

DUNCANSON & SHEINFELD, P.A.

A handwritten signature in cursive script, reading 'Alan L. Sheinfeld', is written over the printed name and title.
Alan L. Sheinfeld
Certified Public Accountant

ALS/eh

Enclosures

cc: Robert B. Altman, D.V.M.