

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90216 032 ***150.00

0319652 AV

DOCUMENT # P96000088306

1. Entity Name

SHAHRAD MABOURAKH, M.D., P.A.

Principal Place of Business

**4850 WEST OAKLAND PARK BLVD
 SUITE 209
 LAUDERDALE LAKES FL 33313**

Mailing Address

**4850 WEST OAKLAND PARK BLVD
 SUITE 209
 LAUDERDALE LAKES FL 33313**



2. Principal Place of Business

4600 W. Commercial Blv

3. Mailing Address

4600 W. Commercial Blv

Suite, Apt. #, etc.

Suite # 1

Suite, Apt. #, etc.

Suite # 1

City & State

Tamara FL

City & State

Tamara FL

Zip

33319

Country

Broward

Zip

33319

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0703258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MABOURAKH, SHAHRAD
 4850 WEST OAKLAND PARK BLVD
 SUITE 209
 LAUDERDALE LAKES FL 33313**

7. Name and Address of New Registered Agent

Name
Mabourakh, Shahrak
 Street Address (P.O. Box Number is Not Acceptable)
4600 W. Commercial Blv
Suite # 1
 City **Tamara** **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

3/21/02

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 **D** ☐ Delete
 NAME **MABOURAKH, SHAHRAD**
 STREET ADDRESS **4850 W OAKLAND PARK BLVD, STE 209**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **D Mabourakh, Shahrak**
 STREET ADDRESS **4600 W. Commercial Blv Suite # 1**
 CITY-ST-ZIP **Tamara FL 33319**

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

TITLE ☐ Change ☐ Addition
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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 #

3/21/02 954-731-3107

CR2E034 (9/01)