

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023058

1. Entity Name

SYDNEY O. SUITE, M.D. & NICHOLAS D.A. SUITE, M.D

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90025 038 ***550.00

Principal Place of Business

7900 NW 33RD ST STE 101
DAVIE FL 33024

Mailing Address

7900 NW 33RD ST STE 101
DAVIE FL 33024

2. Principal Place of Business

3. Mailing Address

7900 N.W. 33rd ST

7900 NW 33rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

DAVIE FLORIDA

DAVIE FLORIDA

Zip

Country

Zip

Country

33024

33024

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUITE, NICHOLAS D M.D.
7900 NW 33RD ST STE 101
DAVIE FL 33024

Name

SUITE, SYDNEY O M.D

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

7900 N.W. 33rd ST SUITE 101

City

DAVIE

FL

Zip Code

33024

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME SUITE, NICHOLAS D M.D.
STREET ADDRESS 7900 NW 33RD ST STE 101
CITY-ST-ZIP DAVIE FL 33024

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

TITLE D ☐ Delete
NAME SUITE, SYDNEY O M.D.
STREET ADDRESS 7900 NW 33RD ST STE 101
CITY-ST-ZIP DAVIE FL 33024

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/00 954-431-6884