

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039853

1. Entity Name

DR. ANTHONY CARUSO, P.A.

FILED

Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90057 014 ***150.00

Principal Place of Business	Mailing Address
4151 NW 41 STREET SUITE 102 LAUDERDALE LAKES FL 33319	7380 NW 24TH STREET MARGATE FL 33063-0101 US

2. Principal Place of Business	3. Mailing Address
7380 NW 24TH ST 2300 100TH AVE. SE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
MARGATE, FL	
Zip	Country
33063	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0747457	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	7. Name and Address of New Registered Agent
CARUSO, ANTHONY 4151 NW 41 STREET SUITE 102 LAUDERDALE LAKES FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) 7380 NW 24 ST. City MARGATE, FL FL 33063

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 _____ (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) <input type="checkbox"/>	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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P CARUSO, ANTHONY 4151 NW 41 STREET STE 102 LAUDERDALE LAKES FL 33319	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7380 NW 24th ST. MARGATE, FL, 33063
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	
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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: 4/14/00 954-401-1529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)