

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 97000045539**

1. Entity Name

NICOLAS FAKHOURY, D.M.D., PA

Principal Place of Business

Mailing Address

**1100 LINTON BLVD.
SUITE C-5**

Delray Beach FL 33444

2. Principal Place of Business

1100 LINTON BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C-5.

City & State

City & State

Delray Beh FL

Zip

Country

Zip

Country

33444

4. FEI Number

65-0756311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

**FAKHOURY, NICOLAS W
1100 LINTON BLVD.
SUITE C-5
Delray Beh FL 33444**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/01

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, 2000 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P FAKHOURY, NICOLAS W 1100 LINTON BLVD. STE C-5 Delray Beh FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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☐ Change ☐ Addition

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**700004036967--3
-04/23/01--01001--017
***300.00 ***300.00**

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]*

Date

Daytime Phone #

4/10/01

CR2E034 (9/99)

KATTOURA & ASSOCIATES, INC.

ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

April 11, 2000

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

Ref: Nicolas Fakhoury, D.M.D, PA
Annual report P97000045539

Dear Sirs,


The above referenced corporation has never received any notices before at all. We are enclosing a report and a check in the amount of \$300.00 for 2000 and 2001. Please accept this annual report as reinstatement.

Please Make sure to correct the address: **1100 Linton Blvd Ste C-5**
Delray Beach, FL 33432

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,



Andre K Kattoura