

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049153

1. Entity Name

ANDREW RESS, M.D., P.A.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90187 018 \*\*\*150.00

Principal Place of Business

Mailing Address

1700 SANS SOUCI BLVD  
 NORTH MIAMI FL 33181

1700 SANS SOUCI BLVD  
 NORTH MIAMI FL 33181-3206

2. Principal Place of Business

7294 Palmetto Park Rd

3. Mailing Address

7294 Palmetto Park Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 105

Suite 105

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33433

USA

Zip

Country

33433

USA

4. FEI Number

65-0767515

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

RESS, LEWIS M  
 1700 SANS SOUCI BLVD  
 NORTH MIAMI FL 33181

Name

George Ponczek, CPA

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

6100 Glades Rd Suite 301

City

Boca Raton

FL

Zip Code

33434

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RESS, ANDREW MD  
 CITY-ST-ZIP 1700 SANS SOUCI BLVD  
 NORTH MIAMI FL 33181

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RESS, LEWIS M  
 CITY-ST-ZIP 1700 SANS SOUCI BLVD  
 NORTH MIAMI FL 33181

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

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 #

CR2E034 (9/99)