

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069173

1. Entity Name
SYED W. ALI, M.D., P.A.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90004 042 ***150.00

Principal Place of Business

301 HEALTH PARK BLVD.
#G221
ST. AUGUSTINE FL 32086

Mailing Address

301 HEALTH PARK BLVD.
#G221
ST. AUGUSTINE FL 32086

00082659



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3463106**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALI, SYED W
301 HEALTH PARK BLVD.
#G221
ST. AUGUSTINE FL 32086

Name

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

City

FL

Zip Code

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 **P** ☐ Delete
NAME **SYED, W ALI**
STREET ADDRESS **301 HEALTH PRK BLVD #G221**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Handwritten signature of Syed W. Ali
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment # P97000069173
D0082659

Kenneth R. Kresge CPA, PA

CERTIFIED PUBLIC ACCOUNTANT

403 Anastasia Blvd.
Suite 1
St. Augustine, Florida 32084

(904) 824-0193
(904) 824-0213
FAX (904) 825-1148

August 28, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Syed W. Ali, MD, P.A.
59-3463106

Dear Sir or Madam:

This letter is being sent on behalf of the taxpayer, in regards to the second notice concerning the 2000 Uniform Business Report. We have enclosed a check for \$150.00 in hopes that the division will wave the \$400.00 late filing fee due to the fact that Dr. Syed Ali never received the first notice. If there is any further information needed or any questions concerning this matter, please feel free to contact me at one of the above numbers. Thanking you in advance for your cooperation in this matter.

Sincerely,

Kenneth R. Kresge CPA, PA
Kenneth R. Kresge CPA, PA