

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am  
Secretary of State

02-08-2001 90189 009 \*\*\*150.00

DOCUMENT # P97000082888

1. Entity Name

DR. JUDITH LEE HAINLINE, P.A.

Principal Place of Business

2641 E. OAKLAND PARK BLVD.  
SUITE 3  
FT. LAUDERDALE FL 33306

Mailing Address

2641 E. OAKLAND PARK BLVD.  
SUITE 3  
FT. LAUDERDALE FL 33306

2. Principal Place of Business

11200 NW 20 CT

Suite, Apt. #, etc.

3. Mailing Address

11200 NW 20 CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation Acres FL

City & State

Plantation Acres FL

4. FEI Number

65-0790486

Applied For

Not Applicable

Zip

33303

Country

USA

Zip

33303

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

KUSHNER, LES S  
4000 HOLLYWOOD BLVD.  
SUITE 485  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

Same

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

Same

City

same

FL

Zip Code

same

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, 2001 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 **D** ☐ Delete  
NAME **HAINLINE, JUDITH LEE**  
STREET ADDRESS **2641 E. OAKLAND PARK BLVD., SUITE 3**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Hainline, Judith Lee**  
STREET ADDRESS **11200 NW 20 CT**  
CITY-ST-ZIP **Plantation Acres FL 33303**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Judith Lee Hainline, P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-2000

Date

954-563-2211

Daytime Phone #

CR2E034 (10/00)