

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90101 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000103467

1. Entity Name
MARCOS REJTMAN, D.O., P.A.



Principal Place of Business
**6541 EAST TROPICAL WAY
PLANTATION, FL 33317 US**

Mailing Address
**6541 EAST TROPICAL WAY
PLANTATION, FL 33317 US**

2. Principal Place of Business
10405 NW 7th Street
Suite, Apt. #, etc.

3. Mailing Address
10405 NW 7th Street
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL
Zip
33324 Country

City & State
Plantation, FL
Zip
33324 Country

4. FEI Number
65-0800015

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

**REJTMAN, MARCOS
10405 NW 7TH STREET
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$560.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	REJTMAN, MARCOS			
	10405 NW 7TH STREET			
	PLANTATION, FL 33324			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. 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 10 or Block 11 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 #

(954) 916-0709

CR2E034 (10/02)