

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90355 012 ***150.00

DOCUMENT # P98 00000 A066

1. Entity Name

BRIAN FINKE DPM RA



DO NOT WRITE IN THIS SPACE

14015839

2. Principal Place of Business

8261 W. Sunrise Blvd

3. Mailing Address

7144 NOB Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plantation FL

City & State

TAMARAC, FL

4. FEI Number

59-2232524

Applied For

Not Applicable

Zip

33322

Country

Broward

Zip

33321

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Brian David Finke

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

7144 NOB Hill Rd

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | FINKE, BRIAN DAVID 1508 NW 112TH WAY CORAL SPRINGS, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | FINKE, BARBARA JOAN 1508 NW 112TH WAY CORAL SPRINGS, FL 33071 |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Brian Finke

4/26/04 554-7927759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)