

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90435 046 \*\*\*150.00

00057356

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P9800000 8956**  
 1. Entity Name  
**Dimitri Pyrros, MD, PA**

Principal Place of Business Mailing Address  
**5800 Colonial DR # 405**  
**MARGATE FL 33063**

2. Principal Place of Business 3. Mailing Address  
**5800 Colonial DR** **5800 Colonial DR**  
 Suite, Apt. #, etc. **405** Suite, Apt. #, etc. **405**  
 City & State **MARGATE** City & State **MARGATE**  
 Zip **33063** Country **US** Zip **33063** Country **US**

4. FEI Number **65-0807631** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Dimitri Pyrros**  
**1800 N Fed Hwy #104**  
**Pompano Beach FL 33062**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5800 Colonial DR**  
**Suite 405**  
 City **Margate** FL Zip Code **33063**

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 \_\_\_\_\_ (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  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P Dimitri Pyrros</b> <b>5800 Colonial DR #405</b> <b>MARGATE FL 33063</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  

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

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: **Dimitri C. Pyrros MD** 3/15/00 969-3601  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)