

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009162

1. Entity Name

MERRYL S. KOPLO, O.D., P.A.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90066 046 ***150.00

Principal Place of Business

Mailing Address

11562 N.W. 4TH MANOR
CORAL SPRINGS FL 33071

11562 N.W. 4TH MANOR
CORAL SPRINGS FL 33071-4127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0818141**

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

KOPLO, MERRYL S
8261-C SEVERN DRIVE
BOCA RATON FL 33433

Name

KOPLO, MERRYL S

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

11562 NW 4th MANOR

City

CORAL SPRINGS

FL

Zip Code

33071

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 *Merryl S Koplo OD* **MERRYL S KOPLO OD** 1/21/00
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **KOPLO, MERRYL OD**
STREET ADDRESS **8261-C SEVERN DR**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **KOPLO, MERRYL OD** ☒ Change ☐ Addition
NAME **KOPLO, MERRYL OD**
STREET ADDRESS **11562 NW 4th MANOR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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: *Merryl S Koplo OD* **MERRYL S KOPLO OD** 1/21/00 **(954) 252-5054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #