


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90116 039 \*\*\*150.00

<b>DOCUMENT # P98000013010</b>	
1. Entity Name <b>KASRA N. BEHFAR, DPM, P.A.</b>	

Principal Place of Business <b>7162 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321</b>	Mailing Address <b>15625 NORTHWEST 12 MANOR PEMBROKE PINES, FL 33026</b>
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2. Principal Place of Business	3. Mailing Address <b>5017 N.W. 121<sup>st</sup> Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Springs, FL</b>	City & State <b>Coral Springs, FL</b>
Zip <b>33076</b>	Zip <b>33076</b>
Country	Country <b>Broward</b>



☒ CHECK HERE IF MAKING CHANGES

5. Name and Address of Current Registered Agent <b>WEINBERG, STEVE 8000 PETERS ROAD SECOND FLOOR PLANTATION, FL 33324</b>	
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6. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when appointing) DATE \_\_\_\_\_

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BEHFAR, KASRA 5017 NW 121ST DRIVE CORAL SPRINGS, FL 33076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Kasra N. BEHFAR DPM** **3/26/03** **(954) 726-9255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)