

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020712

1. Entity Name

LEWIS STARASOLER MD, P.A.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90065 049 ***150.00

Principal Place of Business Mailing Address
5515 NORTH MILITARY TRAIL APT 803 5515 NORTH MILITARY TRAIL APT 803
BOCA RATON FL 33496 BOCA RATON FL 33496

00010006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
22701 Camino Del Mar 22701 Camino Del Mar
Suite, Apt. #, etc. # 61 Suite, Apt. #, etc. # 61

City & State Boca Raton, FL City & State Boca Raton FL
Zip 33433 Country US Zip 33433 Country US

4. FEI Number 65-0817416 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STARASOLER, LEWIS
5515 NORTH MILITARY TRAIL APT 803
BOCA RATON FL 33496

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
22701 Camino Del Mar
61
City Boca Raton FL Zip Code 33433

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 *[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. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing \$5.00 May Be Added to Fees ☐ Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARASOLER, LEWIS		NAME	Starasoler, Lewis	
STREET ADDRESS	5515 NORTH MILITARY TRAIL APT 803		STREET ADDRESS	22701 Camino Del Mar	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	(22701 CAMINO DEL MAR UNIT #61)	
STREET ADDRESS			STREET ADDRESS	BOCA RATON, FL 33433	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* LEWIS STARASOLER, MD 3/16/01 954-786-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)