

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90039 034 ***150.00

015661 AV

DOCUMENT # P98000022475

1. Entity Name

**GASTROENTEROLOGY & ADVANCED ENDOSCOPY CONSULTANT
 S, P.A.**

Principal Place of Business

**9970 CENTRAL PARK BLVD., NORTH
 SUITE 304
 BOCA RATON FL 33428**

Mailing Address

**9970 CENTRAL PARK BLVD., NORTH
 SUITE 304
 BOCA RATON FL 33428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9070 KIMBERLY BLVD

(Suite) Apt. #, etc.

S 22

City & State

BOCA RATON, FL

Zip

FL 33434

Country

U.S.A

3. Mailing Address

9070 KIMBERLY BLVD

(Suite) Apt. #, etc.

S 22

City & State

BOCA RATON, FL

Zip

FL 33434

Country

U.S.A

4. FEI Number

65-0823354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DIAMOND, BARRY A ESQUIRE
 5701 N. PINE ISLAND RD., STE. 250
 FT. LAUDERDALE FL 33321**

7. Name and Address of New Registered Agent

Name **DIAMOND, BARRY A ESQ**

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

9728 W SAMPLE RD

City **CORAL SPRINGS**

FL

Zip Code

33065

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Leslie Jacob

LESLIE JACOB, M.D.

3/18/02

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, 2002 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	PSDT JACOB, LESLIE M.D. 9980 CENTRAL PARK BLVD N STE 212 BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT JACOB, LESLIE M.D. 9980 CENTRAL PARK BLVD STE 212 BOCA RATON FL 33428	<input checked="" type="checkbox"/> Delete
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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	PSDT JACOB, LESLIE MD 9070 KIMBERLY BLVD, S 22 BOCA RATON, FL 33434	<input checked="" 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
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

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:

Leslie Jacob
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02
 Date

561 4874110
 Daytime Phone #

CR2E034 (9/01)