

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025876

1. Entity Name

PAUL HERMAN, DC, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9469 SHERIDAN STREET

Suite, Apt. #, etc.

3. Mailing Address

9469 SHERIDAN STREET

Suite, Apt. #, etc.

City & State

COOPER CITY, FL

City & State

COOPER CITY, FL

Zip

33024

Country

USA

Country

USA

4. FEI Number

65-0829237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL HERMAN

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

9469 SHERIDAN STREET

City

COOPER CITY

FL

Zip Code

33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D

NAME PAUL HERMAN

STREET ADDRESS 9469 SHERIDAN STREET

CITY - ST - ZIP COOPER CITY, FL 33024

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

900024385489  
11/03/03--01090--005 \*\*150.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 on an attachment with an address, without other like empowered.

SIGNATURE:

PAUL HERMAN

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 NOV -3 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

10-28-03 954-  
5775

71

*Richard Amado, C.P.A., P.A.*

---

CERTIFIED PUBLIC ACCOUNTANT

7101 WEST McNAB ROAD  
SUITE 201  
TAMARAC, FLORIDA 33321

BROWARD (954) 720-9596  
FAX (954) 720-5954  
TOLL FREE: 800-330-1CPA  
E-mail: ramado@mindspring.com

October 31, 2003

Division of Corporations  
P.O. Box-1500  
Tallahassee, FL 32302-1500

Re: Paul Herman, DC, P.A.  
EIN: 65-0829237  
Form: 2003 UBR

Dear Gentlemen/Madam,


Enclosed is the 2003 Uniform Business Report for Paul Herman, DC, P.A. (taxpayer) along with a check for \$150 made out to the Florida Department of State.

Each year taxpayer has filed their UBR in a timely manner. Due to a change in address this year taxpayer was unable to file on time because he never received the UBR. The change in address was sudden and unfriendly. The person receiving the taxpayer's mail failed to forward all mail which included the UBR.

Please accept the enclosed 2003 UBR along with the \$150 check and reinstate taxpayer so that he may continue doing business in the state of Florida.

Thank you for your prompt cooperation in this matter.

Sincerely,



Richard Amado, CPA  
RA/ts  
Enclosures

cc: Paul Herman, DC, P.A.