

03 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P98000044613*
1. Entity Name *C.R.I.A. Research, INC*



FILED

03 FEB 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5333 N. Dixie Hwy
Suite, Apt. #, etc. *#110*
City & State *Oakland Park, FL*
Zip *33334* Country *BR*

3. Mailing Address
5333 N. Dixie Hwy
Suite, Apt. #, etc. *#110*
City & State *Oakland Park, FL*
Zip *33334* Country *BR*

500012558145

DO NOT WRITE IN THIS SPACE

11-04-02 01114 008 \$550.00-\$150.00

4. FEI Number
05-0846505

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *SHERRE YVONNE*
Street Address (P.O. Box Number is Not Acceptable)
5333 N. Dixie Hwy
Suite 110
City *Oakland Park* FL Zip Code *33334*

8. The above named entity permits 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 name 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
NAME *SHERRE YVONNE R.S. M.D*
STREET ADDRESS *5333 N. Dixie Highway #110*
CITY-ST-ZIP *OAKLAND PARK FL 33334*

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2/4/14

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 (954) 229-7030

Date

Daytime Phone #

CR2E034B (12/02)

C R I A
CENTER FOR RHEUMATOLOGY, IMMUNOLOGY, AND ARTHRITIS

Yvonne Sherrer, M.D., F.A.C.R.

February 11, 2003

Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

We previously sent a letter dated November 21, 2002. This letter is subsequent to an additional conversation you had with Phyllis Rahaniotis, our Office Manager.

We have received this year's solicitations for the UBR. We have not received the prior reimbursements.

Per the conversation you had with Ms. Rahaniotis, you requested that we write a letter authorizing you to transfer funds due to us and refund to pay for the current fees.

This authorization is to allow you to take the appropriate refund funds and apply them to our current renewal fees. This would be less \$300.00 from the previous \$800.00.

If I can be of any further assistance, please do not hesitate to contact this office.

Sincerely,

Yvonne Sherrer, M.D., F.A.C.R.

YS/bc