

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90012 026 ***150.00

DOCUMENT # P98000054701

1. Entity Name
GABRIEL E. BREUER, M.D., P.A.

Principal Place of Business

Mailing Address

3801 PGA BLVD
~~STE 607~~ **2503 Burns Rd,**
~~WEST PALM BEACH FL 33410~~
P.B.G. FL 33410

3801 PGA BLVD
~~STE 607~~ **2503 Burns Rd**
~~WEST PALM BEACH FL 33410~~
~~US~~ **PBG, FL 33410**

A0043774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2503 Burns Rd
 Suite, Apt. #, etc.
PBG, FL 33410

2503 Burns Rd
 Suite, Apt. #, etc.
PBG FL 33410

City & State

City & State

4. FEI Number **65-0844433**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREUER, GABRIEL E

3801 PGA BLDG

~~STE 607~~

WEST PALM BEACH FL 33410

2503 Burns Rd
P.B.G. FL
33410

Name

DR. Gabriel Breuer

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

2503 Burns Road

City

PBG

FL

Zip Code

33410

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

4/3/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BREUER, GABRIEL E**
 STREET ADDRESS **PO BOX 31419** **2503 Burns Rd**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33420** **PBG, FL**

33410 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 or other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01

CR2E034 (10/00)