

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071143

1. Entity Name

FRANK L. TOMAKA, M.D., P.A.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90072 037 ***150.00

Principal Place of Business

Mailing Address

50 NW 26TH AVE
SUITE 302
POMPANO BEACH FL 33062-5245
US

50 NW 26TH AVE
SUITE 302
POMPANO BEACH FL 33062-5245
US

2. Principal Place of Business

3. Mailing Address

50 NORTHEAST 26TH AVENUE / GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 302

1650 Southeast 17th Street, Suite 301

City & State

City & State

POMPANO BEACH, FL

FORT LAUDERDALE, FL

Zip
33062-5245

Country
US

Zip
33316-1735

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0857735

Applied For

Not Applicable

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

TOMAKA, FRANK L.

CARLTON FIELDS

4000 INTERNATIONAL PLACE 100 SE 2ND ST

MIAMI FL 33131

Name

L.

Change

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

50 GRUBER AND ASSOCIATES, P.A.

1650 Southeast 17th Street, Suite 301

City

FORT LAUDERDALE

FL

Zip Code

33316-1735

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPTS
TOMAKA, FRANK L.
50 NW 26TH AVE
POMPANO BEACH FL 33062-5245

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
50 NORTHEAST 26TH AVENUE
33062-5245

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L. TOMAKA

Date

Daytime Phone #

CR2E034 (9/99)