

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080754

1. Entity Name

FAITH A. SARFARAZI, M.D., P.A.

Principal Place of Business

2300 SE 17 ST., STE. 402
OCALA FL 34471

Mailing Address

2300 SE 17 ST., STE. 402
OCALA FL 34471

2. Principal Place of Business

2118 SW 20th Place

Suite, Apt. #, etc.

Suite 201

City & State

Ocala FL

3. Mailing Address

2118 SW 20th Place

Suite, Apt. #, etc.

Suite 201

City & State

Ocala FL

Zip
34474

Country

Marion

Zip
34474

Country

Marion

4. FEI Number

65-0859374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SARFARAZI, FAITH A
2300 SE 17 ST., STE. 402
OCALA FL 34471

7. Name and Address of New Registered Agent

Name
Faith A Sarfarazi

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

2118 SW 20th Place

Suite 201

City
Ocala

FL

Zip Code

34474

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

Faith A Sarfarazi
Signature, typed or printed name of registered agent and title if applicable.

Faith A Sarfarazi, President

4/26/01

(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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SARFARAZI, FAITH A
2300 SE 17 ST., STE. 402
OCALA FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sarfarazi, Faith A
2118 SW 20th Place, #201
Ocala, FL 34474 ☒ Change ☐ Addition
address only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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:

Faith A Sarfarazi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Faith A Sarfarazi 4/26/01 352 622 5050
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)