

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080754

1. Entity Name

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

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90174 036 ***150.00

0104604 AV

Principal Place of Business

2118 SW 20TH PLACE
STE 201
OCALA FL 34474

Mailing Address

2118 SW 20TH PLACE
STE 201
OCALA FL 34474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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
2118 SW 20TH PLACE
STE 201
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
2118 SW 20TH PLACE 201
OCALA FL 34474

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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

8/8/02 3526225050

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

FAITH ANN SARFARAZI, M.D.

Certified, American Board of Ophthalmology
Fellow, American Academy of Ophthalmology

(352)-622-5050 • Fax (352) 622-3993

Cala Hills

2118 S.W. 20th Place, Suite #201

Ocala, FL 34474

Friendship Commons

9860-D S.W. 84th Court

Ocala, FL 34481

8/8/02

Division of Corporations
Uniform Business Report Filings
Box 1500

Tallahassee, FL 32302

Dear Sirs:

I did not receive prior notice of the filing fee of \$150.00 for my S-Corporation. I am enclosing the original fee of \$150.00 as instructed in the notice I received recently. I am requesting that you waive the late fee of \$400.00. Thank you very much for your help.

Sincerely,
Faith Ann Sarfarazi