

2000 UNIFORM BUSINESS REPORT (UBR)

0609307

DOCUMENT # P98000091381

1. Entity Name

RAYMOND J. BROSOFSKI, INC.

Principal Place of Business

308 SW LA CROIX AVE
PORT ST LUCIE FL 34953

Mailing Address

308 SW LA CROIX AVE
PORT ST LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0880702

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

BROSOFSKI, RAYMOND J
308 SW LA CROIX AVE
PORT ST LUCIE FL 34953

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.

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
PSTD
BROSOFSKI, RAYMOND J
308 SW LA CROIX AVE
PORT ST LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003533877-4
-01/11/01--01108--007
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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:

Raymond J. Brosowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/00

Date

561-340-3896

Daytime Phone #

CR2E034 (9/99)

12/28/06

(2)

Dear Sir or Madam,

I'm sorry for the delay in this paper work. I'm terminally ill with cancer and have been since 2/00.

I notified your office and they informed me to forward the \$150⁰⁰ as well as the reason for the delay and names of doctors.

SYLVESTER CANCER CENTER

DR. JOE LEVI

1475 N.W. 12TH AVE #3524

MIAMI FL 33136

My Oncologist DR. SIVA BEHAM MD

1700 S.E. HILLMOOR DR #306

PORT ST LUCIE, FL 34952

Family Physician METCARE MEDICAL GROUP

DR. RAVI PANDI

8942 S. U.S. HIGHWAY 1

PORT ST LUCIE FL 34952

If you need any further information or have any additional questions you can reach me at 501-340-3840

Sincerely
Raymond J. Busi