

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091762

1. Entity Name

SUSAN E. SAXE, M.D., P.A.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90006 031 \*\*\*158.75

Principal Place of Business

820 NORTHEAST 69TH ST.  
BOCA RATON FL 33487

Mailing Address

820 NORTHEAST 69TH ST.  
BOCA RATON FL 33487-2426

2. Principal Place of Business

5458 Town Center Rd  
Suite, Apt. #, etc.  
SUITE 19

3. Mailing Address

5458 Town Center Rd  
Suite, Apt. #, etc.  
SUITE 19

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. FEI Number

~~65-0873084~~ 65-0880206

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAXE, SUSAN E M.D.  
820 NORTHEAST 69TH ST.  
BOCA RATON FL 33487

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.

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)

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**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.

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**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAXE, SUSAN E M.D. 820 NORTHEAST 69TH ST. BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SAXE, SUSAN E M.D. 5458 TOWN CENTER RD SUITE 19 BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/7/00

Date

561-995-8699

Daytime Phone #

CR2E034 (9/99)