

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101160

1. Entity Name

NORTH BROWARD MEDICAL SURGICAL ASSISTANTS, INC.

Principal Place of Business

7150 W 20 AVE
#408
HIALEAH FL 33016

Mailing Address

7150 W 20 AVE
#408
HIALEAH FL 33016-5533

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

65-0888993

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

BERG, ELIOT H
~~1150 W 20 AVE~~
#408
HIALEAH FL 33016

7150 W 20 AVE #408
Hialeah F/. 33016

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

Eliot H Berg

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/19/00

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 D ☐ Delete
NAME TRUPPMAN, EDWARD
STREET ADDRESS 7150 W 20 AVE #408
CITY-ST-ZIP HIALEAH FL 33016

TITLE P ☐ Delete
NAME AVELLANET, NELLY
STREET ADDRESS 7150 W 20 AVE #408
CITY-ST-ZIP HIALEAH FL 33016

TITLE DST ☐ Delete
NAME BERG, ELIOT
STREET ADDRESS ~~7150 W 20TH AVE STE 403~~
CITY-ST-ZIP ~~HIALEAH FL 33016~~

TITLE D ☐ Delete
NAME SLAVIN, RICHARD
STREET ADDRESS ~~15900 W TROON CIRCLE~~
CITY-ST-ZIP ~~MIAMI LAKES FL 33014~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Only Address
STREET ADDRESS 7150 W 20 Ave #408
CITY-ST-ZIP Hialeah F/ 33016

TITLE ☒ Change ☐ Addition
NAME Only Address
STREET ADDRESS 7150 W. 20 Ave #408
CITY-ST-ZIP Hialeah F/ 33016

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

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

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

4/19/00

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90149 001 *1,650.00



DO NOT WRITE IN THIS SPACE