

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State
05-20-2000 90007 003 ***150.00

DOCUMENT # P99000000247

Entity Name

SIDDIQUI & SIDDIQUI, MD, PA

Physical Place of Business

Mailing Address

1707 SW 85th Drive
Gainesville, FL 32607

1707 SW 85th Drive
Gainesville, FL 32607

Physical Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3554577

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0091698

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Shameem J. Siddiqui
1707 SW 85th Drive
Gainesville, FL 32607

Name

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

City

FL

Zip Code

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's signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete PD Siddiqui, Shameem J. 1707 SW 85th Drive Gainesville, FL 32607	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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

4/28/00

Date

Signature Printed