

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000556

1. Entity Name
MORTON D. GRANT M.D., P.A.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90173 041 ***150.00

Principal Place of Business

3D BELLA VISTA
1127 SEMINOLE EAST
JUPITER FL 33477

Mailing Address

2686 HATIENAL DR
BROOKLYN NY 11234

612610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7526 FAIRFAX DR
Suite, Apt. #, etc.

3. Mailing Address

2686 NATIONAL DR
Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

BROOKLYN N.Y.

4. FEI Number

65-0883697

Applied For

Not Applicable

Zip

33321

Country

Broward

Zip

11234

Country

Kings

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURCHIN, LILLIAN
7526 FAIR FAX DR
FORT LAUDERDALE FL 33321

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)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PD
NAME TURCHIN, LILLIAN
STREET ADDRESS 2526 FAIRFAX DR
CITY-ST-ZIP FORT LAUDERDALE FL 33321
☐ Delete

TITLE PD
NAME GRANT, MORTON
STREET ADDRESS 3 D 1127 SEMINOLE E
CITY-ST-ZIP JUPITER FL 33477
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7526 FAIRFAX DR

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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: Lillian Turchin Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2001
Date

954-722-6429
Daytime Phone #

CR2E034 (10/00)