

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011016

1. Entity Name

SAMUEL SNYDER, D.O., P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90075 039 ***150.00

Principal Place of Business

Mailing Address

19044 NE 29TH AVENUE
AVENTURA FL 33180

19044 NE 29TH AVENUE
AVENTURA FL 33180-2802

2. Principal Place of Business

4101 NW 4th ST.

3. Mailing Address

1110 NW 93 Ave.

Suite, Apt. #, etc.

SUITE 209

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Plantation, FL

Zip

33317

Country

BROWARD

Zip

33322

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, JEFFREY R
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Samuel Snyder

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

1110 NW 93 Ave

City

Plantation

FL

Zip Code

33322

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]

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SNYDER, SAMUEL
CITY-ST-ZIP 19044 NE 29TH AVENUE
AVENTURA FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1110 NW 93 Ave
CITY-ST-ZIP Plantation, FL 33322

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

TITLE ☐ Change ☐ Addition
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 954-452-8039

Date

Daytime Phone #