

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015594

1. Entity Name

BRADFORD D. RESS, M.D., P.A.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90028 018 \*\*\*150.00

Principal Place of Business

1700 SANS SOUCI BLVD.  
NORTH MIAMI FL

Mailing Address

1700 SANS SOUCI BLVD.  
NORTH MIAMI FL 33181-3206

101410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7284 PALMETTO PARK ROAD

3. Mailing Address

7284 PALMETTO PARK ROAD

Suite, Apt. #, etc.

SUITE 605

Suite, Apt. #, etc.

SUITE 605

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

650904998

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RESS, LEWIS M  
1700 SANS SOUCI BLVD.  
NORTH MIAMI FL

7. Name and Address of New Registered Agent

Name

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

12000 BISCAYNE BOULEVARD

SUITE 217

City

NORTH MIAMI

FL

Zip Code

33181

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

*Lewis M. Ress*

LEWIS M. RESS

4/27/00

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 D ☐ Delete  
NAME RESS, BRADFORD D  
STREET ADDRESS 1700 SANS SOUCI BLVD.  
CITY-ST-ZIP NORTH MIAMI FL

TITLE D ☐ Delete  
NAME RESS, ESTA B  
STREET ADDRESS 1000 ISLAND BLVD.  
CITY-ST-ZIP AVENTURA FL 33160

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 D ☒ Change ☐ Addition  
NAME RESS, BRADFORD D.  
STREET ADDRESS 7284 PALMETTO PARK ROAD, SUITE 605  
CITY-ST-ZIP BOCA RATON, FL 33433

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

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

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

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:

*Bradford D. Ress*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/00

Daytime Phone #

561-347-1611

CR2E034 (9/99)