

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017740

1. Entity Name

MARTIN ROTHBERG, MD, PA

Principal Place of Business

6469 SUNSET DRIVE  
SOUTH MIAMI FL 33143

Mailing Address

6469 SUNSET DRIVE  
SOUTH MIAMI FL 33143-4676

2. Principal Place of Business

9049 SW 87 Court

3. Mailing Address

9049 SW 87 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-1837268

Applied For

Not Applicable

Zip

33176

Country

Miami-Dade

Zip

33176

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Nancy Pastroff CPA

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

10300 Sunset Drive, Suite 135

City

Miami

FL

Zip Code  
33193

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

Nancy Pastroff, CPA

Nancy S. Pastroff

11/2/00

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	President	<input type="checkbox"/> Delete
NAME	Martin Rothberg, MD	
STREET ADDRESS	9049 SW 87 Court	
CITY-ST-ZIP	6469 Sunset Dr. Miami, FL 33143	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Sharon Rothberg	
STREET ADDRESS	6469 Sunset Dr.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Martin Rothberg, MD	
STREET ADDRESS	6469 Sunset Dr.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Martin Rothberg, MD	
STREET ADDRESS	6469 Sunset Dr.	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

Martin P. Rothberg, MD 1-20-00 305-274-9175

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90091 034 \*\*\*155.00

00009167



DO NOT WRITE IN THIS SPACE