

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043426

1. Entity Name

JASON B.C. BINNING, O.D., P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90078 011 ***150.00

Principal Place of Business

1455 N.W. 107TH AVENUE
SUITE 160
MIAMI FL 33172

Mailing Address

1455 N.W. 107TH AVENUE
SUITE 160
MIAMI FL 33172-2710

2. Principal Place of Business

3. Mailing Address

P.O. Box 292426

Suite, Apt. #, etc.

DAVIE, FLORIDA

City & State

Zip Country 33329-2426 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIPPIN, ROBERT S ESQ.
7101 W. MCNAB ROAD
SUITE 200
TAMARAC FL 33321

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BINNING, JASON B.C.	
STREET ADDRESS	2600 S. UNIVERSITY DR., #315	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000

Date

305994 9944

Daytime Phone #

CR2E034 (9/99)