## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000060312 May 16, 2000 8:00 am 1. Entity Name Secretary of State BASHIR U. SHAIKH, M.D., P.A. 05-16-2000 90049 006 \*\*\*158.75 Mailing Address Principal Place of Business 959-3.W. 149TH TERR. 959 3.W. 149TH TERR: SUNRISE-FL-99920 SUNRISE FL 33326-1930 3918 VIA POINCIANA, SUITE 10 Same LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address POINCIANA 3919 VIA POINCIANA 3918 VIA Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 10 SUITE Applied For City & State 4. FEI Number City & State FL WORTH LAKE WORTH, FL 65-093 Not Applicable \$8.75 Additional 5. Certificate of Status Desired PALM BEACH 33467 33467 PALM BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. CORAL GABLES FL 33134 Zin 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE PD ☐ Addition TITLE ☐ Delete SHAIKH, BASHIR U SHAIKH, BASHIR U NAME NAME 3918 VIA POINCIANA, SUITE ID STREET ADDRESS 959 S.W. 149TH TERR. STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326 ☐ Addition M Change ☐ Delete TITLE TITLE SHAIKH, SALEEMA N SHAIKH, SALEEMA N NAME NAME 3918 VIA POINCIANA, SUITE 10 STREET ADDRESS STREET ADDRESS 959 S.W. 149TH TERR. LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33326 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME . . . 19 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.