

**2001 UNIFORM BUSINESS REPORT (UBR)**

192

DOCUMENT # PG9000082089  
 1. Entity Name  
ELIE J. AWAD MD PA

FILED

Principal Place of Business Mailing Address  
2501 N. Orange Ave Ste 246 N  
Orlando FL 32804

01 NOV 13 PM 12:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business Suite, Apt. #, etc.  
2501 N. Orange Ave Ste 246 N

3. Mailing Address Suite, Apt. #, etc.  
2501 N. Orange Ave Ste 246 N

DO NOT WRITE IN THIS SPACE

City & State  
Orlando FL

City & State  
Orlando FL

4. FEI Number  
59-3599569 Applied For  Not Applicable

Zip Country  
32804 FL

Zip Country  
32804 FL

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

6. Name and Address of Current Registered Agent  
Elie J Awad MD  
6385 Huntville Street  
Orlando FL 32819

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>Elie J. Awad</u> <u>6385 Huntville Street</u> <u>Orlando FL 32819</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>100004705231--0</u> <u>-12/05/01--01006--010</u> <u>***150.00 ***150.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

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: \_\_\_\_\_ Date 11-8-01 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida Department of State.

I have received a notice of dissolution of my corporation . I have not received any previous notices this year for renewal. I am sending a 150 dollar renewal fee and requesting to waive the reinstatement fees. Moreover; the following information need to be corrected.

1. The business address should be  
~~2501 N Orange Ave Ste 246 N~~  
Orlando, Fl 32804 instead of  
250 North Orange Ave ste 246 N.  
Orlando, FL 32803

3280

Also the address of director is  
6385 Huntsville Street  
Orlando , FL 32819 not as typed  
6385 Huntaville Street  
Orlando, FL 32819.

Sincerely,



Elie J. Awad, M.D.  
6385 Huntsville street  
Orlando, FL 32819