

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097059

1. Entity Name

SHAHRIAR HOGHOOGHI, D.M.D., P.A.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90316 004 \*\*\*150.00

Principal Place of Business

11211 S MILITARY TRAIL  
1914  
BOYNTON BEACH FL 33436

Mailing Address

11211 S MILITARY TRAIL  
1914  
BOYNTON BEACH FL 33436

2. Principal Place of Business

7615 Northtree club Dr.

3. Mailing Address

P.O. Box 541421

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeworth FL

City & State

Lakeworth, FL

4. FEI Number

65-0965776

Applied For

Not Applicable

Zip

33467

Country

U.S.A

Zip

33454

Country

U.S.A

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

ROMANO, JAY F  
ROMANO & ASSOCIATES, P.A.  
7301 W PALMETTO PARK RD, SUITE 207-A  
BOCA RATON FL 33433

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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
HOGHOOGHI, SHAHRIAR  
1121 S MILITARY TRAIL  
BOYNTON BEACH FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
Hog Hooghi, shahriar  
7615 Northtree club Dr  
Lakeworth, FL 33467 ☒ Change ☐ Addition  
address

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

Shahriar Hoghooghi

561-968-7050

Date 4/6/2001 Daytime Phone #

CR2E034 (10/00)