

5/29

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-29-2002 90693 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097059

1. Entity Name

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

Principal Place of Business

7615 NORTHTREE CLUB DR
 LAKE WORTH FL 33467

Mailing Address

PO BOX 541421
 LAKEWORTH FL 33454

96444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0965776

Applied For

Not Applicable

Zip

Country

Zip

Country

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 Shahriar Hoghooghi

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

7615 Northtree Club Dr.

City Lake Worth

FL

Zip Code 33467

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 Shahriar Hoghooghi

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent Signature required when releasing)

6-15-02

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	PTD HOGHOOGHI, SHAHRIAR 7615 NORTHTREE CLUB DR LAKE WORTH FL 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-02 561-876-6587

Date

Daytime Phone #

CR2004 (9/01)