

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State
 02-07-2001 90183 017 ***150.00

DOCUMENT # P99000098869

1. Entity Name

JOHN E. KARROUM, M.D., P.A.

Principal Place of Business

**8020 CLEARY BLVD., #203
 PLANTATION FL 33324**

Mailing Address

**8020 CLEARY BLVD., #203
 PLANTATION FL 33324**

910001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4814 Orchard Ln.
 Suite, Apt. #, etc.

3. Mailing Address

4814 Orchard Lane
 Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0968339

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

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

**KARROUM, JOHN E
 8020 CLEARY BLVD., #203
 PLANTATION FL 33324**

New →



**John Karroum
 4814 Orchard Ln.
 Delray Beach, FL 33445**

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

John Karroum

02/1/01

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	D	<input type="checkbox"/> Delete
NAME	KARROUM, JOHN E	
STREET ADDRESS	8020 CLEARY BLVD., #203	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
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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:

John Karroum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/1/01

Date

561-865-8242

Daytime Phone #

CR2E034 (10/00)