

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13504

1. Entity Name

YVES S. EVEILLARD, M.D., P.A.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90055 033 \*\*\*550.00

00106418



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2030 NORTHWEST 109TH AVENUE  
 PEMBROKE PINES FL 33026

Mailing Address

2030 NORTHWEST 109TH AVENUE  
 PEMBROKE PINES FL 33026

2. Principal Place of Business

2353 SW 132 WAY

Suite, Apt. #, etc.

DAVIE FL

City & State

3. Mailing Address

2353 SW 132 WAY

Suite, Apt. #, etc.

DAVIE FL

City & State

4. FEI Number

65-0226495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

Zip

33325

Country

USA

Zip

33325

Country

USA

6. Name and Address of Current Registered Agent

SINGER, BERNARD A.  
 4700 SHERIDAN STREET  
 SUITE B  
 HOLLYWOOD FL 33021

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
 NAME EVEILLARD, YVES S.  
 STREET ADDRESS 2030 NW 109TH AVENUE  
 CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE ST  
 NAME EVEILLARD, YVES S.  
 STREET ADDRESS 2030 NW 109TH AVENUE  
 CITY-ST-ZIP PEMBROKE PINES FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00 954 4248238  
 Date Daytime Phone #

CR2E034 (5/00)