

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90036 040 \*\*\*150.00

0259687

**DOCUMENT # S16053**

1. Entity Name

**VICTOR H. SHABANAH, MD., P.A.**

Principal Place of Business

Mailing Address

~~4702 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064~~

~~1525 S. ANDREWS AVENUE  
FT LAUDERDALE FL 33316~~

US 500 SE 17<sup>th</sup> Street (#222) ← same  
Fort Lauderdale 33316

2. Principal Place of Business:

as above

3. Mailing Address

as above

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

4. FEI Number

**65-0237335**

Applied For

Not Applicable

Zip

33316

Country

Broward

Zip

33316

Country

Broward

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

**SHABANAH, VICTOR H., MD.**

*New address*

~~1525 S. ANDREWS AVENUE  
FORT LAUDERDALE FL 33316~~

500 SE 17<sup>th</sup> Street (suite 222)  
Fort Lauderdale 33316

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/2001

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	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>SHABANAH, VICTOR H DR.</b>			<input type="checkbox"/> Delete
		<del>4901 FEDERAL HIGHWAY #6</del>	<del>POMPANO BEACH FL 33064</del>	
		<u>500 SE 17<sup>th</sup> Street</u>	<u>Fort Lauderdale 33316</u>	
			<u>suite 222</u>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(l), 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

Dr Shabanah

4/9/2001

(954) 463-6393

Date

Telephone #

*[Signature]*

CR2E034 (10/00)