

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16053

1. Entity Name

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

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

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

Principal Place of Business

Mailing Address

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

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

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

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

Zip

33316

Country

Broward

Zip

33316

Country

Broward

6. Name and Address of Current Registered Agent

SHABANAH, VICTOR H., MD.

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

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

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]*

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHABANAH, VICTOR H DR.	
STREET ADDRESS	<del>4901 FEDERAL HIGHWAY #6</del>	500 SE 17 <sup>th</sup> Street
CITY-ST-ZIP	<del>POMPANO BEACH FL 33064</del>	Fort Lauderdale 33316
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/9/2001 (954) 463-6393

Date

Daytime Phone #

*[Phone Number]*

CR2E034 (10/00)