

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # S16927**

1. Entity Name  
**JEFFREY SHAPIRO, D.C., P.A.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL 26 AM 9:16

Principal Place of Business  
**8118 N UNIVERSITY DR  
TAMARAC FL 33321**

Mailing Address  
**8118 N UNIVERSITY DR  
TAMARAC FL 33321**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1994557</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

**6. Name and Address of Current Registered Agent**

**SHAPIRO, JEFFREY  
1714 VESTAL DR  
CORAL SPRINGS FL 33071**

**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 \_\_\_\_\_ (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 12, 2001 Fee 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                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D SHAPIRO, JEFFREY</b><br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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: **Jeffrey Shapiro**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01  
Date  
3920  
Daytime Phone #

CR2E034 (5/01)

**GENE S. BONHAM, C.P.A., P.A.**

1999 UNIVERSITY DRIVE, SUITE 212  
CORAL SPRINGS, FLORIDA 33071  
(954) 753-6966 • FAX (954) 753-6999

Member  
American Institute of  
Certified Public Accountants  
  
Florida Institute of  
Certified Public Accountants

July 20, 2001

Mr. Sean Toner  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Jeffrey Shapiro DC PA.  
2001 Uniform Business Report  
DOC: S16927

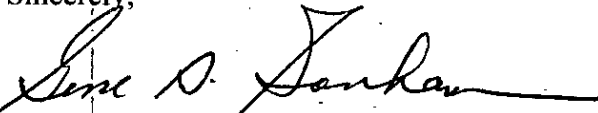
Dear Mr. Toner:

Enclosed is the 2001 Uniform Business Report for Jeffrey Shapiro DC PA, along with their check in the amount of \$150. Dr. Shapiro has requested my assistance in responding to the lateness in filing the form.

Dr. Shapiro has assured me that as of this date, the enclosed form is the only one that his office has received in regards to the UBR report. Being a conscious person who meets his obligations on time, we would appreciate your consideration in the acceptance of the enclosed \$150 fee.

If you have any problems with this filing, please feel free to contact the undersigned at (954) 753-6966.

Sincerely,



Gene Bonham, CPA, PA

Cc: Jeffrey Shapiro DC PA

Enclosure