

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28207

1. Entity Name

MOISES LICHTINGER, M.D., P.A.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90005 013 ***550.00

Principal Place of Business

1960 NE 47TH ST.
FT. LAUDERDALE FL 33308

Mailing Address

1960 NE 47TH ST.
FT. LAUDERDALE FL 33308

2. Principal Place of Business

4701 N FEDERAL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

FT LAUDERDALE FL

Zip 33308

4. FEI Number 65-0292754

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LICHTINGER, MOISES
1960 NE 47TH STREET
2ND FLOOR
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4701 N. FEDERAL HIGHWAY BLDG 13

City

FT LAUDERDALE

FL

Zip Code

33308

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

Moises Lichtinger

9-13-00

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 DPST
NAME LICHTINGER, MOISES
STREET ADDRESS LICHTINGER, MOISES
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE V
NAME LICHTINGER, RINA
STREET ADDRESS 1960 NE 47TH STREET
CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

Daytime Phone #

954
229-6000

CR2E034 (5/00)