

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29442

1. Entity Name

DR. J. BERNARD DRUCKER, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90099 030 ***150.00

Principal Place of Business

C/O COHEN OPTICAL
7485 DADELAND MALL
MIAMI FL 33156
US

Mailing Address

C/O COHEN OPTICAL
7485 DADELAND MALL
MIAMI FL 33156-7723
US

2. Principal Place of Business

3. Mailing Address

7762 J. Kendall Drive
Suite, Apt. #, etc.

7762 J. Kendall Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number 65-0242158

Applied For
Not Applicable

Zip 33156 Country USA

Zip 33156 Country USA

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

DRUCKER, J. BERNARD DR
14411 S. DIXIE HWY #205
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)
2963 EAST ABIACA Circle

City DAVIE FL Zip Code 33328

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 *J. Bernard Drucker*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
DATE 2/17/00

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, 2000 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 PSTD
NAME DRUCKER, J. BERNARD DR
STREET ADDRESS 7485 DADELAND MALL
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 2963 EAST ABIACA Circle
STREET ADDRESS DAVIE, FLORIDA 33328
CITY-ST-ZIP

TITLE D
NAME DRUCKER, J. BERNARD, DR.
STREET ADDRESS 14411 S. DIXIE HWY #205
CITY-ST-ZIP MIAMI FL ☒ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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: *J. Bernard Drucker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000
Date

305-274-5000
Daytime Phone #

CR2E034 (9/99)