

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79073

1. Entity Name

PATRICIA A. SHUB, P.A.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90166 023 \*\*\*150.00

Principal Place of Business

700 SE THIRD AVE  
SUITE 404  
FT LAUDERDALE FL 33316

Mailing Address

700 SE THIRD AVE  
SUITE 404  
FT LAUDERDALE FL 33316

2. Principal Place of Business

1975 E. SUNRISE BLVD  
Suite, Apt. #, etc.  
623

3. Mailing Address

1975 E. SUNRISE BLVD  
Suite, Apt. #, etc.  
623



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE  
Zip FL  
Country 33304

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FT. LAUDERDALE  
Zip FL  
Country 33304

4. FEI Number 65-0286070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHUB, PATRICIA A.  
700 SE THIRD AVE  
SUITE 404  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

1975 E. SUNRISE BLVD #623

City

FT. LAUDERDALE

FL

Zip Code

33304

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

*Patricia A. Shub*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent: signature required when reinstating.)

4/15/01  
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 \$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  
NAME SHUB, PATRICIA A.  
STREET ADDRESS 700 SE THIRD AVE STE 404  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1975 E. SUNRISE BLVD #623  
CITY-ST-ZIP FT. LAUDERDALE FL 33304

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

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

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

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

TITLE ☐ Change ☐ 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)(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:

*Patricia A. Shub*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01  
Date

954  
7612335  
Daytime Phone #

CR2E034 (10/00)