

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09315

1. Entity Name

MADY YANUCK FINGERET PHD, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90155 035 ***150.00

Principal Place of Business

300 NW 70TH AVE.
STE 305
PLANTATION FL 33317
US

Mailing Address

4863 NW 66TH AVENUE
LAUDERHILL FL 33319-7210
US

2. Principal Place of Business

1876 N. University Dr.
Suite 101R

3. Mailing Address

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

33322

Country

Broward

Zip

Country

4. FEI Number

65-0311232

Applied For

Not Applicable

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

FINGERET, MADY YANUCK
300 NW 70TH AVENUE, SUITE 305
PLANTATION FL 33317

Name

MADY YANUCK Fingeret

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

1876 N. University Drive

Suite 101R

City

Plantation

FL

Zip Code

33322

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

MADY YANUCK Fingeret, Ph.D. Mady Y. Fingeret, Ph.D. 4/23/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when replacing)

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, 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 ☐ Delete
NAME D
STREET ADDRESS FINGERET, MADY YANUCK
CITY-ST-ZIP 300 NW 70TH AVE., STE 305 1876 N. Univ. Dr.
PLANTATION FL Suite 101R
33322

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1876 N. University Dr., Suite 101R
CITY-ST-ZIP Plantation, FL 33322

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Mady Yanuck Fingeret, Ph.D. 4/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)