

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42184

1. Entity Name

JON J. RAPPAPORT, D.V.M., ANIMAL MEDICAL CENTER

Principal Place of Business

1920 N PARK DR
WESTON FL 33326
US

Mailing Address

~~1420 N PARK DR~~
~~WESTON FL 33326~~
~~US~~

2. Principal Place of Business

3. Mailing Address

c/o Turnberry Associates

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19501 Biscayne Blvd #400

City & State

City & State

Aventura FL

Zip

Country

Zip

Country

33180

USA

6. Name and Address of Current Registered Agent

SOFFER, MARSHA
19501 BISCAYNE BLVD
STE 400
AVENTURA FL 33180

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

Marsha Soffer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/01

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 RAPPAPORT, JON J
STREET ADDRESS 1420 N PARK DRIVE
CITY-ST-ZIP WESTON FL 33326 ☐ 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
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/01 305 933 5513

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90052 024 ***150.00

721846



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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