

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46698

1. Entity Name

WEST BROWARD SURGICAL ASSISTANTS, P.A.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90149 001 *1,650.00

Principal Place of Business

Mailing Address

~~15485 EAGLE NEST LANE~~

~~SUITE 100~~

~~MIAMI LAKES FL 33014~~

US *7150W 20 Ave #408*

~~15485 EAGLE NEST LANE~~

~~SUITE 100~~

~~MIAMI LAKES FL 33016 5533~~

US

7150W 20 Ave #408
Staleah F/ 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0343118

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERG, ELIOT H

~~15485 EAGLE NEST LANE~~

~~SUITE 100~~

~~MIAMI LAKES FL 33014~~

7150W, 20 Ave #408
Staleah F/ 33016

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

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 \$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 CD
STREET ADDRESS TRUPPMAN, EDWARD S
CITY-ST-ZIP ~~15485 EAGLE NEST LANE #100~~
~~MIAMI LAKES FL~~

TITLE ☒ Change ☐ Addition
NAME Only Address
STREET ADDRESS *7150W, 20 Ave #408*
CITY-ST-ZIP *Staleah F/ 33016*

TITLE ☐ Delete
NAME STED
STREET ADDRESS BERG, ELIOT H.
CITY-ST-ZIP ~~15485 EAGLE NEST LN #100~~
~~MIAMI LAKES FL~~

TITLE ☒ Change ☐ Addition
NAME Only Address
STREET ADDRESS *7150W, 20 Ave #408*
CITY-ST-ZIP *Staleah F/ 33016*

TITLE ☐ Delete
NAME D
STREET ADDRESS SLAVIN, RICHARD K
CITY-ST-ZIP ~~15485 EAGLE NEST LANE, SUITE 100~~
~~MIAMI LAKES FL~~

TITLE ☒ Change ☐ Addition
NAME Only Address
STREET ADDRESS *7150W, 20 Ave #408*
CITY-ST-ZIP *Staleah F/ 33016*

TITLE ☐ Delete
NAME P
STREET ADDRESS AVELLANET, NELLY
CITY-ST-ZIP ~~15485 EAGLE NEST LN SUITE 100~~
~~MIAMI LAKES FL~~

TITLE ☒ Change ☐ Addition
NAME Only Address
STREET ADDRESS *7150W, 20 Ave #408*
CITY-ST-ZIP *Staleah F/ 33016*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)