

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90097 045 ****61.25

DOCUMENT # 731647

1. Entity Name

BROWARD DENTAL RESEARCH CLINIC, INC.

Principal Place of Business

Mailing Address

3501 S.W. DAVIE RD. BLDG 08
 FT. LAUDERDALE FL 33314

3501 S.W. DAVIE RD. BLDG 08
 FT. LAUDERDALE FL 33314-1604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1591629

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB, WILLIAM
540 E MCNAB ROAD
POMPANO BCH FL 33060

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	JACKSON, DAVID	1500 E. BROWARD BLVD.	FT. LAUDERDALE FL				
PD	KUSNICK, STEVEN	3531 N. PINE ISLAND RD.	SUNRISE FL				
VD	SHERMAN, RICHARD	2249 N. UNIVERSITY DR.	PEMBROKE PINES FL				
SD	KUPFER, GLENN	8214 WILES RD	CORAL SPRINGS FL				
D	BODNAR, GABER	4640 N. FEDERAL HIGHWAY, #3	FT LAUDERDALE FL 33308				
TD	MULKAY, ESTEBAN	2400 N. UNIVERSITY DR., #215	PEMBROKE PINES FL				

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

Signature of Esteban Mulkey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #