

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90421 011 ****61.25

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DOCUMENT # 731647

1. Entity Name

BROWARD DENTAL RESEARCH CLINIC, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1591629**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGEN, SHELDON D
800 CORPORATE DRIVE #220
FORT LAUDERDALE FL 33334**

Name

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

4601 SHERIDAN ST #401

City

HOLLYWOOD

FL

Zip Code

33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **SHELDON D. DAGEN**

1/14/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
NAME **FRIEDEL, ALAN**
STREET ADDRESS **660 E. HALLANDALE BEACH BLVD**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE **SD** Change Addition
NAME **Friedel, Alan**
STREET ADDRESS **660 E. Hallandale Beach Blvd**
CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **SD** Delete
NAME **GOLDBERG, HOWELL**
STREET ADDRESS **815 S UNIVERSITY DR #102**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **VP** Change Addition
NAME **Goldberg, Howell**
STREET ADDRESS **815 S University Dr #102**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE **D** Delete
NAME **PORTILLA, MARIA**
STREET ADDRESS **8150 ROYAL PALM BLVD**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD** Change Addition
NAME **Portilla, Maria**
STREET ADDRESS **8150 Royal Palm Blvd #104**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **D** Delete
NAME **BOLSKI, ELSIE**
STREET ADDRESS **1605 TOWN CENTER BLVD B**
CITY-ST-ZIP **WESTON FL 33326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **BODNAR, GABOR**
STREET ADDRESS **4640 N. FEDERAL HIGHWAY, #3**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE **PD** Change Addition
NAME **Bodnar, Gabor**
STREET ADDRESS **4640 N. Federal Highway #E**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **PD** Delete
NAME **MULKAY, ESTEBAN**
STREET ADDRESS **2231 N. UNIVERSITY DRIVE A**
CITY-ST-ZIP **PEMBROKE PINES FL 33021**

TITLE **D** Change Addition
NAME **Blum, Michael**
STREET ADDRESS **648 NE 3rd Avenue**
CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03

954 772-7333

CR2E037 (10/02)