

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F29810

1. Entity Name

SUNRISE DENTAL CENTER, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90061 030 ***150.00

Principal Place of Business

34 32A N. UNIVERSITY DR
3105 NORTH UNIVERSITY DRIVE
SUNRISE FL 33351-6715

Mailing Address

34 32A N. UNIVERSITY DR
3105 NORTH UNIVERSITY DRIVE
SUNRISE FL 33351-6722



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2095100

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

CECCHINI, ROBERT DR

3105 N UNIVERSITY DR

SUNRISE FL 33351

34 32A N UNIVERSITY DR

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 PD
STREET ADDRESS CECCHINI, ROBERT F
CITY-ST-ZIP 3105 N UNIVERSITY DR 34 32A N UNIVERSITY DRIVE
SUNRISE, FL 00000 33351

TITLE ☒ Change ☐ Addition
NAME 34-32 A
STREET ADDRESS N. UNIVERSITY DR
CITY-ST-ZIP SUNRISE FL 33351

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
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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 #

3/30 954.741-8407

CR2E034 (9/99)