## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	2003   NIFOF	FOR PROI	FIT C	ORPOR	AT T (	ION UBR	<b>(</b> )	Mar 1	FILE 7, 200		0 am
	JMENT			- I. I		Q. T.		Secr	etary o	of Sta	te
1. Entity Na			- •						2003 90053 0		
INIDITIAL	E & CAL	ABRESE, D.D.S., (	A.								
	ace of Busine	SS		g Address							
961 UNIVER CORAL SPR	NIVERSITY DR	_		Ī							
US US				Coral Springs fl 33071 US			1	\$ 126112D total Cont. Cont.	16 IIIII B(8)		
	Place of Busi	3. Mai	3. Mailing Address				, isalist iili (1811 1811	6 1141 <b>8</b> 181 1861 8181	Dibil bibil bibil		
Suite, Ap			Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 59-218	5859	<del></del>	pplied For	
Zip		Country		Zip		Country			<del></del>	\$8.75 Ad	ot Applicable
	6 Name	and Address of Comme	1					5. Certificate of Status De	_	Fee Require	
·	o. Name	and Address of Currer	it Hegistere	d Agent		Name		7. Name and Address of	New Registered	Agent	
IMBRIALE, JOSEPH M DDS											
961 UNIVERSITY DR						Street A	ddress (P.	O. Box Number is Not Acc	eptable)		
CORAL S	SPRINGS FL	33071							_	<del>-</del>	<del></del>
						City	<del></del> -		<del></del>	T = 0 .	<u> </u>
8 The above	e named ontit	rubmits this statement	· · · · · · · ·	<del> </del>		1			FI	Zip Cod	
the obliga	ations of regist	ered agent.	or the purpo	se of changing its ri	egistere	ed office or	registered	agent, or both, in the Stat	e of Florida. I am	familiar with,	and accept
SIGNATURE											
0.010110112	Signature, typed	or printed name of registered agen	t and title if appli	cable. (NOTE:	Registere	d Agent signatu	re required wi	nen reinstating)	DATE		<del></del>
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	of State			·		9. Election Campa Trust Fund Cont			<b>0</b> May Be to Fees
10.		OFFICERS AND	1	s	11.		<del></del>	ADDITIONS (OUNDED TO	0.0550000		
TITLE VSD Delete					TITLE			ADDITIONS/CHANGES T	O OFFICERS AND		
NAME CALABRESE, RICHARD M				5500.5	NAME					Change	☐ Addition
STREET ADDRESS 1705 VESTAL DRIVE CORAL SPRINGS, FL 00000						ET ADDRESS					
TITLE	PTD	THITGO, T.E. 00000	<del>_</del>		-	-ST-ZIP					
NAME		JOSEPH M		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS	3740 NE 2	7TH AVE				T ADDRESS					- 1
CITY-ST-ZIP	LIGHTHOU	SE PT. FL		<del></del>	CITY-	ST-ZIP					1
TITLE NAME		•		☐ Delete							Addition
STREET ADDRESS					NAME	T ADDRESS					
CITY-ST-ZIP				•	CITY-						
TITLE				☐ Delete	TITLE	- +				☐ Change	Addition
NAME STREET ADDRESS				·	NAME						Addition
DITY-ST-ZIP						T ADDRESS					
TITLE				C Detail	CITY-S	SI-ZIP	<del>-</del>		<del></del>		
IAMF				Delete	TITLE	1				Change	☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Date

☐ Change

☐ Addition