000 UNIFORM BUSINESS REFORT (UBR) FILED Sep 18, 2000 8:00 am Secretary of State DOCUMENT # G02000 1. Entity Name DÈLLA PORTA & DELLA PORTA, D.M.D., P.A. 08-31-2000 90002 002 ***150.00 Mailing Address Principal Place of Business 1300 36TH STREET 1300 36TH STREET SUITE 1F SUITE 1F VERO BCH FL 32960 VERO BCH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2220111 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELLA PORTA, RAYMOND A Street Address (P.O. Box Number is Not Acceptable) SUITE 1F 1300 36TH STREET VEBO BCH FL 32960 City Zip Code FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 ...Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (5/00) ☐ Addition TITLE ☐ Delete TITLE Change DELLA, PORTA, RAYMOND A NAME NAME STREET ADDRESS 1300 36TH ST., SUITE F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL ☐ Addition TITLE ☐ Dalete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7:P ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:-ST-ZIP Addition Change πίλε TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZP

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:

SHATURE AND THREE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8/28/00

Daytime Phone #

DIBARTOLOMEO, MCBEE & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Attachment Doc# Godood

Florida Department of Revenue Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Della Porta & Della Porta, D.M.D., P.A. ~FEI 59-22201-1-1

To Whom It May Concern:

The above taxpayer is in receipt of the "Second Notice" 2000 Uniform Business Report. The taxpayer did not receive the first notice. The taxpayer has always filed all required forms and reports on time. The taxpayer has implemented procedures to insure the timely filing in the future. We are enclosing a completed 2000 UBR with a check for \$150. We respectfully request abatement of the \$400 late fee due to reasonable cause. Thank you for your cooperation in this

Very Truly Yours.

Gerald A. DiBartolomeo, J

Principal

GAD/le

cc: Della Porta & Della Porta, D.M.D., P.A.



from the desk of

RAYMOND A. DELLA PORTA, D.M.D.

TO WHOM IT MAY CONCERN:

I spoke to Kathy from your office and she suggested that I resubmit our accountants letter with your correspondence stating that we did not receive your first notice of 2000 Uniform Business Report.