

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90103 029 ***150.00

DOCUMENT # L29645

1. Entity Name

ALAN H. BRESALIER, D.D.S., P.A.

Principal Place of Business

**3 SW 129TH AVE
 SUITE 210
 PEMBROKE PINES FL 33027**

Mailing Address

**3 SW 129TH AVE
 SUITE 210
 PEMBROKE PINES FL 33027**

2. Principal Place of Business

17190 Arvida Parkway

3. Mailing Address

17190 Arvida Parkway

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Weston

City & State

Weston

Zip

33326

Country

Broward.

Zip

33326

Country

Broward.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0175804**

Applied For

Not Applicable

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

**BRESALIER, ALAN H
 3 SW 129TH AVENUE
 SUITE 210
 PEMBROKE PINES FL 33027**

Change of Address →

Name

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

17190 Arvida Parkway Suite 2

City

Weston

FL

Zip Code **33326**

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

Alan H. Bresalier D.D.S.

President/Director

1/3/01

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	D <input type="checkbox"/> Delete
NAME	BRESALIER, ALAN H.
STREET ADDRESS	10233 CAPRI STREET
CITY-ST-ZIP	COOPER CITY FL <u>33026</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/00)

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:

Alan H. Bresalier

Alan H. Bresalier

Date

Daytime Phone #

1/3/01 (954) 384-2220