

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90248 009 ***150.00

DOCUMENT # *M33477*
 1. Entity Name
HELENA A. DELUCA, D.M.D., P.A.

Principal Place of Business *7800 WEST OAKLAND PARK BLVD SUITE C-106 SUNRISE, FLORIDA 33351-6741*
 Mailing Address

2. Principal Place of Business
7800 W OAKLAND PARK BLVD SUITE C-106
 City & State
SUNRISE, FLORIDA

3. Mailing Address
7800 W OAKLAND PARK BLVD C-106
 City & State
SUNRISE, FLORIDA

4. FEI Number
592709090
 Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country
33351-6741 FLORIDA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEVEN P DELUCA-ATTY 7800 W OAKLAND PARK BLVD, SUITE C-106 SUNRISE, FL 33351

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 | |
|--|---------------------------------|
| TITLE NAME <i>Helena A De Luca</i> | <input type="checkbox"/> Delete |
| STREET ADDRESS <i>7800 WEST OAKLAND PARK BLVD, C106</i> | |
| CITY-ST-ZIP <i>SUNRISE, FL 33351-6741</i> | |
| TITLE NAME <i>SECRETARY, STEVEN P DELUCA</i> | <input type="checkbox"/> Delete |
| STREET ADDRESS <i>7800 WEST OAKLAND PARK BLVD</i> | |
| CITY-ST-ZIP <i>SUNRISE, FL 33351-6741</i> | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME <i>President, Vice President, Secretary, Treasurer</i> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS <i>HELENA A. DELUCA, 7800 W OAKLAND PARK BLVD SUITE C-106, SUNRISE, FL 33351-6741</i> | |
| CITY-ST-ZIP <i>SUNRISE, FL 33351-6741</i> | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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]* 4/20/01 954-742-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)