

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90040 001 \*\*\*\*61.25

**DOCUMENT # N32868**

1. Entity Name

**THE EAST COAST DENTAL SOCIETY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

420 S. DIXIE HWY., #2E  
 CORAL GABLES FL 33146

420 S. DIXIE HWY., #2E  
 CORAL GABLES FL 33146-2222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0176114**

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

**BENJAMIN, PAUL L**  
**25 SE 2 AVE**  
**#336**  
**MIAMI FL 33131**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARIANI, RICHARD C</b> <b>6280 SUNSET DR.</b> <b>SOUTH MIAMI FL 33143</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAUPTMAN, JOEL</b> <b>960 ARTHUR GODFREY RD.</b> <b>MIAMI BEACH FL 33140</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>BENJAMIN, PAUL L</b> <b>25 SE 2 AVE #336</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KAPLAN, ALAN S.</b> <b>400 ARTHUR GODFREY RD #502</b> <b>MIAMI BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Michael N. Rosenberg</b> <b>8740 N Kendall Dr #203</b> <b>Miami, FL 33176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rosalie A. Small</b> <b>420 South Dixie Hwy # 2E</b> <b>Coral Gables, FL 33146</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rosalie A. Small* **ROSALIE A. SMALL** **4/24/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #