

05/01/2001 13:42 305-466-3548 SAB GROUP, F

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P92000000273  
1. Entity Name  
**THE DENTAL PLACE, P.A.**  
Principal Place of Business Mailing Address  
4800 NW 7TH AVENUE 4800 NW 7TH AVENUE  
MIAMI FL-33127 MIAMI FL-33127-2304

**A0070285**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
Zip Country Zip Country 65-0367695 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  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code  
ELLIS, JACQUELINE E  
1745 NE 137TH TERRACE  
NORTH MIAMI FL 33181

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$160.00**  
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 NAME STREET ADDRESS CITY - ST - ZIP	DP ELLIS, JACQUELINE E 1745 NE 137TH TERRACE NORTH MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 a letter like empowered.

**SIGNATURE:** Jacqueline Ellis JACQUELINE ELLIS 5/1/01 305 757-7763  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)