

2001 UNIFORM BUSINESS REPORT (UBR)

0346735

DOCUMENT # P95000009091

1. Entity Name

FARINA ORTHODONTICS, P.A.

FILED

01 APR -9 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4700 NORTH HABANA AVE.
HABANA MEDICAL CENTER, SUITE 107
TAMPA FL 33614

Mailing Address

4700 NORTH HABANA AVE.
HABANA MEDICAL CENTER, SUITE 107
TAMPA FL 33614

2. Principal Place of Business

15303 AMBERLY DR.

3. Mailing Address

Suite, Apt. #, etc.

SUITE E

City & State

TAMPA FL

Zip

33647

Country

USA

4. FEI Number 59-3292891

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

GASSMAN, ALAN S
1245 COURT ST.
SUITE 102
CLEARWATER FL 34616

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS FARINA, MARK S
CITY-ST-ZIP 15303 AMBERLY DR BLDG C SUITE E
TAMPA FL 33647

TITLE ☐ Change ☐ Addition
NAME 500004033625-2
STREET ADDRESS -04/19/01 --01099--020
CITY-ST-ZIP *****200.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)