

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90045 020 ***150.00

0235569

DOCUMENT # P96000009222

1. Entity Name

DENTAL ASSOCIATES OF HOMESTEAD, P.A.

Principal Place of Business

151 N.W. 11 STREET
 W-101
 HOMESTEAD FL 33030

Mailing Address

12515 N. KENDALL DR
 SUITE 412
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0644391

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEMET, BARRY N
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134

Name

MELVYN S. GOBER

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

12515 N KENDALL DRIVE #412

City

MIAMI

FL

Zip Code

33186

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 **D** Delete
 NAME **GOBER, MELVYN D.D.S.**
 STREET ADDRESS **5805 BLUE LAGOON DRIVE, SUITE 170**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS **12515 N. KENDALL DRIVE**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

3/15/01

Date

(305) 274-2499

Daytime Phone#

CR2E034 (10/00)