

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90158 029 ***150.00

DOCUMENT # P96000067386

1. Entity Name
Orthodontix Subsidiary, Inc.

Principal Place of Business Mailing Address
 2222 Ponce deLeon Blvd., Ste. 300 2222 Ponce deLeon Blvd., Ste. 300
 Coral Gables, FL 33134-5024 Coral Gables, FL 33134-5024

2. Principal Place of Business 3. Mailing Address
1428 Brickell Ave. **1428 Brickell Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 105 **Suite 105**

DO NOT WRITE IN THIS SPACE

City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0695655	Applied For Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent Berman Wolfe Rennert Vogel & Mandler, P.A. 100 SE 2nd Street, 35th Floor Miami, Florida 33131		7. Name and address of New Registered Agent Name Halpryn, Glenn Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Ave. Suite 105 City Miami FL Zip 33131	
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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 _____ **Glenn Halpryn** _____
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP DPST Guilford, Jr., Frank W. 2222 Ponce deLeon Blvd., #502 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST Glenn Halpryn 1428 Brickell Ave., Suite 105 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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  **Glenn Halpryn, Secretary** 305-371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #