

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90012 031 ***158.75

DOCUMENT # P98000084025

1. Entity Name
AMERI-DENT, INC.

Principal Place of Business
 11050 NORTH KENDALL DR.
 UNIT 102
 MIAMI FL 33176

Mailing Address
 11050 NORTH KENDALL DR.
 UNIT 102
 MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0869714**

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

HARTSOCK, BETSY
10020 SW 125 AVE
MIAMI FL 33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Betsy Hartsock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *8/8/02*

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 <input type="checkbox"/> Delete
NAME	HARTSOCK, BETSY
STREET ADDRESS	11050 NORTH KENDALL DR., UNIT 102
CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betsy Hartsock*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *August 8, 2002* (305) 271-6121
 DATE DAYTIME PHONE #

CR2E034 (4/02)



Attachment
Ameri-Dent, Inc.

Export Agents for Dental Manufacturers

677020
#P98000084025

August 8, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed please find our UBR application for 2002. We have also enclosed our check #3689 in the amount of \$158.75. While filing electronically we were advised that we owed \$558.75 inasmuch as we did not file before the deadline. Please be advised that we never received a request to do so. When I called to verify the data I was told that I should send my application with our check for \$150 and this letter.

Cordially yours,

Betsy Hartsock
Director

/bh

Enclosures