

2000 UNIFORM BUSINESS REPORT (UBR)

71

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FILED
Aug 17, 2000 8:00 am
Secretary of State

07-18-2000 90087 038 ***150.00

1. Entity Name

DENTAL PORTAL INC. R

Principal Place of Business: **7815 SPRING CREEK DR WEST PALM BEACH FL 33411**
 Mailing Address: **7815 SPRING CREEK DR WEST PALM BEACH FL 33411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7815 SPRING CREEK DR
 Suite, Apt. #, etc.

3. Mailing Address

7815 SPRING CREEK DR
 Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

22-3639963

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARSH, LAURENCE I 7815 SPRING CREEK DR
6901 WEST OKEECHOBEE BLVD., SUITE DS-287
WEST PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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)

7/5/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LAURENCE I. BARSH DML 7815 SPRING CREEK DR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Change <input type="checkbox"/> Addition

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 titles empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURENCE I. BARSH

7/6/00
 Date

561 616 3900
 Daytime Phone #

CR20014 15/001