2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31811

1. Entity Name

OMAR ATA, D.D.S., P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State
04-27-2000 90115 011 ***150.00

Principal Place of Business	Mailing Address
3211 S ~~BERMUDA AVE~~ John Young Pkwy. KISSIMMEE FL 34746	3211 S ~~BERMUDA AVE~~ John Young Pkwy. KISSIMMEE FL 34746-6551

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3211 S. John Young Pkwy Suite, Apt. #, etc.	3211 S. John Young Pkwy. Suite, Apt. #, etc.
City & State: Kissimmee, FL	City & State: Kissimmee, FL
Zip: 34746 Country: USA.	Zip: 34746 Country: U.S.A.

4. FEI Number 59-3051126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ATA, OMAR DDS
3211 S ~~BERMUDA AVE~~ John Young Pkwy.
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name: Name stayed same: Ata, Omar DDS
Street Address (P.O. Box Number is Not Acceptable): 3211 S. John Young Pkwy
City: Kissimmee FL Zip Code: 34746

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D ATA, OMAR DDS 3211 S ~~BERMUDA AVE~~ John Young Pkwy. KISSIMMEE FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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] Omar H. Ata, President 4/20/00 (407) 870-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #