

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000038447**
 Entity Name
MILANI & ASSOCIATES DENTAL, P.A.

FILED
Mar 01, 2000 8:00 am
Secretary of State
 03-01-2000 90001 023 ***150.00

Principal Place of Business
999 NE 2nd AVE, STE 206
Miami, FL 33138

Mailing Address
999 NE 2 AVENUE STE 206
Miami, FL 33138

Principal Place of Business
7900 NW 27 AVENUE
 Suite, Apt. #, etc.
296
 City & State
MIAMI, FL
 Zip
33147
 Country
USA

3. Mailing Address
7900 NW 27 AVENUE
 Suite, Apt. #, etc.
296
 City & State
MIAMI, FL
 Zip
33147
 Country
USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Masoudreza A, Milani, DMD
999 NE 2nd Avenue
Suite 206
Miami, FL 33138

7. Name and Address of New Registered Agent
 Name **Masoudreza A. Milani, DMD**
 Street Address (P.O. Box Number is Not Acceptable)
7900 NW 27 Avenue, Suite 296
 City **Miami** **FL** Zip Code **33147**

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE Director	<input type="checkbox"/> Delete
NAME Masoudreza A. Milani, DMD	
STREET ADDRESS 999 NE 2 Avenue, Suite 206	
CITY-ST-ZIP Miami, FL 33138	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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 or like empowered.

SIGNATURE: **Masoudreza A. Milani, DMD** 2/21/00 (305) 835-8781
 Date Daytime Phone #

CR2E034 (9/99)