

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90078 024 ***158.75

DOCUMENT # H00855

1. Entity Name
LAWRENCE T. GRAND, D.D.S., P.A.

Principal Place of Business

~~11670 SW 91 TERR
 MIAMI FL 33176
 US~~

Mailing Address

~~11670 SW 91 TERR
 MIAMI FL 33176
 US~~

529221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18962 SW 94th Avenue

Suite, Apt. #, etc.

3. Mailing Address

18962 SW 94th Avenue

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **59-2402846**

Applied For
 Not Applicable

Zip
33157-7958

Country
USA

Zip
33157-7958

Country
USA

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

**WEISSMAN, DAVID R.
 9200 S. DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156**

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 _____ 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, 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	DP GRAND, LAWRENCE T. 11670 SE 91 TERR MIAMI FL	<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
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	GRAND, LAWRENCE T. 18962 SW 94th Avenue Miami, Florida 33157-7958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: *Lawrence T. Grand*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2001 (905) 238-2269
Date Daytime Phone #

CR2E034 (10/00)

Attachment # H00755

DAVID R. WEISSMAN
ATTORNEY AT LAW
SUITE 508 DADELAND TOWERS
9200 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

529227

TELEPHONE (305) 670-0987
TELEFAX (305) 670-1450

April 6, 2001

The Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2001 Uniform Business Report for Lawrence T. Grand, D.D.S., P.A.

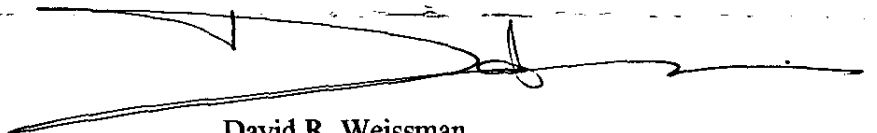
Gentleman:

In accordance with your filing requirements, enclosed please find the following:

1. 2001 Uniform Business Report
2. Lawrence T. Grand, D.D.S., P.A. Check No. 8495, dated 04/04/01 payable to Department of State in the amount of \$158.75 for filing and Certificate of Status
3. Self-addressed, stamped envelope

After filing the enclosed Business Report, please return an appropriate Certificate of Status in the enclosed self-addressed, stamped envelope.

Very truly yours,



David R. Weissman

DRW/map
Enclosures

cc: Lawrence T. Grand, D.D.S., P.A.

C:\WP\CORP\Grand\Florida Dept. of State2.ltr.wpd