

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90098 036 \*\*\*150.00

DOCUMENT # P97000051540

1. Entity Name

THE CENTER OF COSMETIC DENTISTRY, INC.

Principal Place of Business

Mailing Address

2000 PGA BOULEVARD #3120  
PALM BEACH GARDENS FL 33408

2000 PGA BOULEVARD #3120  
PALM BEACH GARDENS FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0764547

Applied For

Not Applicable

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

LECONTE, THIERRY  
6660 SOMMERSET DRIVE  
SUITE 206  
BOCA RATON FL 33434

Name

LECONTE, THIERRY

Street Address (P.O. Box Number is Not Acceptable)

2000 PGA BLVD # 3120

City

PALM BEACH GARDENS FL

Zip Code

33408

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)

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 \$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 PD  
NAME LECONTE, PATRICK  
STREET ADDRESS 2000 PGA BOULEVARD #3120  
CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME LECONTE, THIERRY  
STREET ADDRESS 2000 PGA BOULEVARD #3120  
CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thierry Leconte, V.P.

Date

Daytime Phone #

04/30/01 861/691-9498.

CR2E034 (10/00)