

PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486235

1. Entity Name

ALLAN BERRY, AND ASSOCIATES, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16940 S.W. 94 Court

3. Mailing Address

16940 S.W. 94 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

DADE

Zip

Country

33157 DADE

4. FEI Number

59-1626221

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALLAN BERRY

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

16940 S.W. 94 Court

City

MIAMI

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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

ALLAN BERRY, D.D.S.
[Signature]

11/20/02

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

PRESIDENT
ALLAN BERRY
16940 S.W. 94 Court
MIAMI, FL 33157

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

300009201883
02/11/03--01039--033 **80.00

SECRETARY-TREASURER
SUSAN K. BERRY
1001 BEL AIRE DRIVE E.
PEMBROKE PINES, FL 33027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PEMBROKE PINES, FL 33027

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALLAN BERRY, D.D.S.
[Signature]

11/20/02 305-255-4140

Daytime Phone #

CR2E037B (12/01)

2012

ALLAN BERRY, D.D.S.
Fellow of The American College of Dentists
Implants • Cosmetics • Family Dentistry

October 29, 2002

Attn: Secretary of State

We have been incorporated for many years. We have never received the paperwork for renewal. It may have been lost in the mail.

Please accept our payment and abate the late filing penalties.

Thank you very much.

Sincerely,

Allan Berry D.D.S.

Allan Berry, DDS

16940 Southwest 94th Court • Miami, Florida 33157 • 305-255-4140 • Fax 305-252-8323