

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90124 008 ***150.00

DOCUMENT # 458812

1. Entity Name

RONALD H. ROHAN, D.D.S. AND GARY A. LUBEL, D.D.S.
S. PROFESSIONAL ASSOCIATION

Principal Place of Business

D.D.S. PROFESSIONAL ASSOCIATION
9595 NORTH KENDALL DRIVE
MIAMI FL 33176

Mailing Address

D.D.S. PROFESSIONAL ASSOCIATION
9595 NORTH KENDALL DRIVE
MIAMI FL 33176

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

59-1541952

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

~~GAMNER, ALFRED R.~~~~999 BRICKELL AVE., SUITE 400~~
~~MIAMI FL 33131~~Name **Ted Mondun**

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

6395 SW 40 Street

City

Miami**FL**Zip Code
33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**7/23/02**

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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

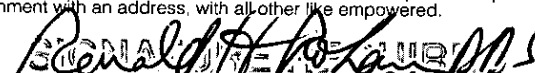
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ROHAN, RONALD H.	9595 N. KENDALL	MIAMI FL	<input type="checkbox"/>
D	LUBEL, GARY A.	9595 N. KENDALL	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (4/02)

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**Ronald H. Rohan DDS 07/19/02**

Date

Daytime Phone #

RONALD H. ROHAN D.D.S. GARY A. LUBEL D.D.S.
COSMETIC & GENERAL DENTISTRY

(305) 274-8253

Attachment #
60138193

July 19, 2002

Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

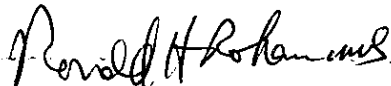
RE: 2002 Uniform Business Report

Dear Sir or Madame:

This letter is to state that our corporation did not receive the prior notice of the Uniform Business Report for the year 2002 and request that the late fee be waived.

I am enclosing Document #458812 along with my check for the \$150.00 filing fee.

Sincerely,



Ronald H. Rohan, DDS

RHR:iu

KENDALL EXECUTIVE CENTER
9595 NORTH KENDALL DRIVE • SUITE 203 • MIAMI, FLORIDA 33176