

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 482158

1. Entity Name

H.L., D.D.S., INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90205 028 ***150.00

Principal Place of Business 5775 BLUE LAGOON DRIVE 400 MIAMI FL 33126 US	Mailing Address 5775 BLUE LAGOON DRIVE 400 MIAMI FL 33126-2034 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1612790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHUE, HENRY C TIE 5775 BLUE LAGOON DR SUITE 400 MIAMI FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 the 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. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TIE SHUE, HENRY C 5775 BLUE LAGOON DR, SUITE 400 MIAMI FL 33126	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"/> Delete DCEO SHAPIRO, STANLEY I 5775 BLUE LAGOON DR, SUITE 400 MIAMI FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DCEOP Shapiro, Stanley I. 5775 Blue Lagoon Dr. #400 Miami, FL-33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VCD LEVINE, HOWARD 5775 BLUE LAGOON DR, SUITE 400 MIAMI FL 33126	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"/> Delete D HILINSKI, SCOTT F 50 KENNEDY PLAZA PROVIDENCE RI 02903	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"/> Delete S BERMAN, MARLA I. 5775 BLUE LAGOON DRIVE #400 MIAMI FL 33126	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"/> Delete D GORMAN, MICHAEL A. 50 KENNEDY PLAZA PROVIDENCE RI 02903	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: DATE: **1/11/00** DAYTIME PHONE #: **(305) 269-2360**

CR2E034 (9/99)

182158

Attachment
00031773

12. Additions/Changes to Officers and Directors in 11

Title: D
Name: Breier, Robert G.
Street Address: 2800 Ponce De Leon Blvd., Suite 1125
City-ST-ZIP: Coral Gables, FL. 33134-6912