

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

Mailing Address

5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126
US

5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126-2034
US

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

59-1612790

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

SHUE, HENRY C TIE
5775 BLUE LAGOON DR
SUITE 400
MIAMI FL 33126

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

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, 2000 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 CD ☐ Delete
NAME TIE SHUE, HENRY C
STREET ADDRESS 5775 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

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

TITLE DCEO ☐ Delete
NAME SHAPIRO, STANLEY I
STREET ADDRESS 5775 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE DCEOP ☒ Change ☐ Addition
NAME Shapiro, Stanley I.
STREET ADDRESS 5775 Blue Lagoon Dr. #400
CITY-ST-ZIP Miami, FL 33126

TITLE VCD ☐ Delete
NAME LEVINE, HOWARD
STREET ADDRESS 5775 BLUE LAGOON DR, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☐ Delete
NAME HILINSKI, SCOTT F
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE RI 02903

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

TITLE S ☐ Delete
NAME BERMAN, MARLA I.
STREET ADDRESS 5775 BLUE LAGOON DRIVE #400
CITY-ST-ZIP MIAMI FL 33126

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

TITLE D ☐ Delete
NAME GORMAN, MICHAEL A.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE RI 02903

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

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

Date

Daytime Phone #

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