

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 506362

1. Entity Name

HARVEY J. ADELSON, D.M.D., F.A.G.D., P.A.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90141 017 ***150.00

Principal Place of Business

7880 N UNIVERSITY DR.
TAMARAC FL 33321

Mailing Address

7880 N UNIVERSITY DR.
TAMARAC FL 33321

2. Principal Place of Business

7733 N. UNIVERSITY DR

Suite, Apt. #, etc.

207

City & State
TAMARAC, FL

Zip
33331

Country

BROWARD

3. Mailing Address

7733 N. UNIVERSITY DR

Suite, Apt. #, etc.

207

City & State
TAMARAC FL

Zip
33331

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1679913

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

QUITTNER, MARVIN, ESQ
4330 W BROWARD BLVD #2
PLANTATION FL 33317

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, 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 ADELSON, HARVEY J D.D.S.
STREET ADDRESS 7800 NORTH UNIVERSITY DR
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE S
NAME ADELSON, HARVEY J.
STREET ADDRESS 7800 NORTH UNIVERSITY DR
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)