## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2002 8:00 am Secretary of State DOCUMENT # 518929 01-16-2002 90018 005 \*\*\*150.00 GILBERT E. HIRSCHBERG, DDS. P.A. Principal Place of Business Mailing Address 5644 W ATLANTIC BLVD 5644 W ATLANTIC BLVD ATLANTIC PROFESSIONAL PLAZA ATLANTIC PROFESSIONAL PLAZA MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1566153 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BORKSON, ELLIOT Street Address (P.O. Box Number is Not Acceptable) 200 E. LAS OLAS BLVD SUITE 1900 FORT LAUDERDALE FL 33301 City 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) FILE-NOW!!!-FEE-IS-\$150:00---• This corporation is eligible to satisfy its Intangible – 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Hirschberg, Gilbert E. NAME NAME 5644 W ATLANTIC BLVD STREET ADDRESS STREET ADDRESS MARGATE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP — · □ Delete · --TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supperprise 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 is

of the corporation or the receiver or trustee empowered to execute this

changed, or on an attachment with an address

FILED