

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 535320

1. Entity Name

PARAMONT DENTAL STUDIO, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90119 034 \*\*\*150.00

Principal Place of Business

2100 LAKE IDA RD. STE 3  
DELRAY BCH. FL 33445-2442  
US

Mailing Address

2100 LAKE IDA RD. STE 3  
DELRAY BCH. FL 33445-2442  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1743122

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PIZZI, GUY  
7026 NW 40TH CT  
CORAL SPRINGS FL 33065

Name PIZZI, GUY  
Street Address (P.O. Box Number is Not Acceptable)  
SAME  
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	PD	<input type="checkbox"/> Delete
NAME	PIZZI, GUY	
STREET ADDRESS	7026 N. W. 40 CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GROB, WAYNE I.	
STREET ADDRESS	9141 SUNRISE LAKES BLVD	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZI, GUY	
STREET ADDRESS	SAME	
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROB, WAYNE I.	
STREET ADDRESS	16051 BLATT BLVD.	
CITY-ST-ZIP	WESTON, FLA. 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

3 APRIL 2000 (561) 278-4900

Date

Daytime Phone #

CR2E034 (9/99)