

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555099

1. Entity Name

ALFRED A. BRECHER, D.D.S., P.A.

Principal Place of Business

9825 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065

Mailing Address

9825 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065-4040

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 59-1784843

Applied For  
Not Applied

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

BRECHER, ALFRED A. D.D.S.  
5471 PINE CIRCLE  
CORAL SPRINGS FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

9825 W. SAMPLE RD.

City

CORAL SPRINGS

FL

Zip Code  
33065

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BRECHER, ALFRED A.  
5471 PINE CIRCLE  
CORAL SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☒ Change ☐ Add  
9825 W. SAMPLE RD  
CORAL SPRINGS, FL 33065

TITLE  
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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 #

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90106 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1/21/00

1/21/00

954-752-55