

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90049 015 ***150.00

DOCUMENT # **576800**

1. Entity Name

JACK J. POWER, D.D.S., P.A.

Principal Place of Business

Mailing Address

**4950 LEJEUNE ROAD
SUITE "C"
CORAL GABLES FL 33146**

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SUITE "C"
CORAL GABLES FL 33146**

B0017236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

525 DAROCO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL

4. FEI Number

59-1828931

Applied For

Not Applicable

Zip

Country

Zip

Country

33146

Dade

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

**POWER, JACK J. DDS
4950 LEJEUNE ROAD
SUITE "C"
CORAL GABLES FL 33146**

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, 2002 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	PD POWER, JACK J. DDS 4950 LEJEUNE ROAD CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STAVROS, IRENE 4950 LEJEUNE ROAD CORAL GABLES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

JACK J. POWER, D.D.S.

1-16-02

305 666 2264

Date

Daytime Phone #

CR2034 (0/01)