

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90184 028 ***150.00

DOCUMENT # 578269

1. Entity Name
MICHAEL B. WELIKOFF, D.M.D., P.A.



Principal Place of Business
**8320 W. SUNRISE BLVD
SUITE 110
PLANTATION FL 33322**

Mailing Address
**8320 W. SUNRISE BLVD
SUITE 110
PLANTATION FL 33322**



2. Principal Place of Business
521 S.W. 101 Ave
Suite, Apt. #, etc.

3. Mailing Address
521 S.W. 101 Av
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Plantation, FL
Zip
33324
Country
USA

City & State
Plantation FL
Zip
33324
Country
USA

4. FEI Number
59-1833634

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WELIKOFF, MICHAEL B.
8320 W. SUNRISE BLVD
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

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

521 S.W. 101 AV

City
Plantation

FL

Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/19/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
WELIKOFF, MICHAEL
8320 W. SUNRISE BLVD
PLANTATION FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**521 SW 101 AV
PLANTATION FL 33324** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WELIKOFF, MICHAEL
8320 W. SUNRISE BLVD
PLANTATION FL 33322** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**521 SW 101 AV
PLANTATION FL 33324** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)