FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Feb 07, 2002 8:00 am 600973 DOCUMENT # **Secretary of State** 1. Entity Name 02-07-2002 90068 035 ***150.00 NORMAN BLUTH, D.D.S. AND BARRY A. BLUTH, D.M.D., Principal Place of Business Mailing Address 4175 S.W. 64 AVENUE DAVIE 4175 S.W. 64 AVENUE DAVIE FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1263751 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired __ _ _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BLUTH, NORMAN** Street Address (P.O. Box Number is Not Acceptable) 4175 S.W. 64TH AVE. FT. LAUDERDALE FL Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME **BLUTH, NORMAN** NAME STREET ADDRESS 4175 S.W. 64TH AVE. STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME BLUTH, BARRY A STREET ADDRESS STREET ADDRESS 4175 S.W. 64 AVE CITY-ST-ZIP DAVIE FL 33314 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver of