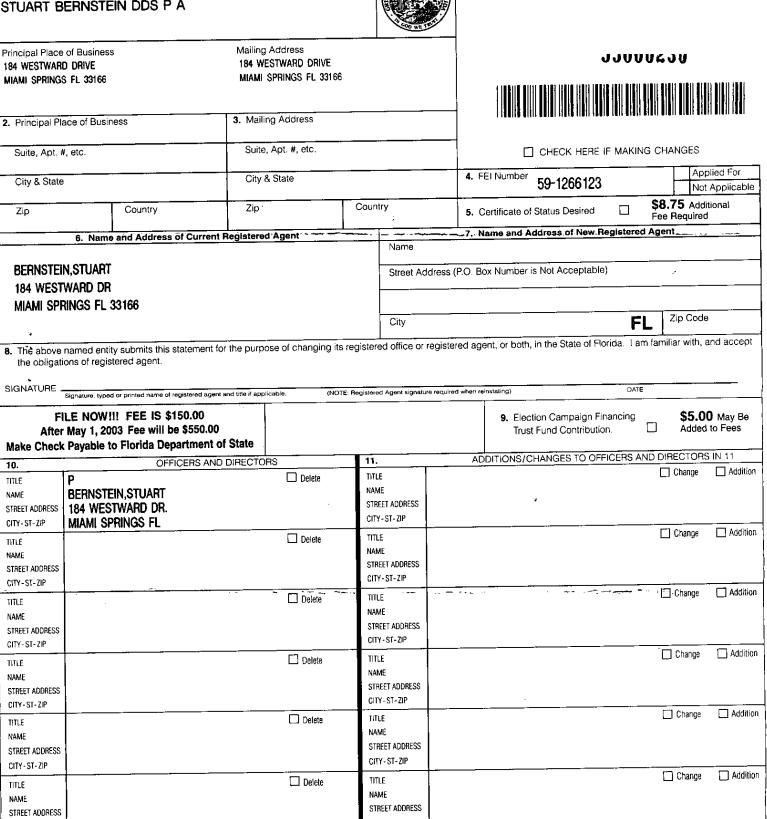
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## 601279 DOCUMENT #

1. Entity Name

STUART BERNSTEIN DDS P A



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90195 001 \*\*\*300 00

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO GITTEE STATES STATES			
ITLE		☐ Delete	TITLE		Change	☐ Addition
IAME	BERNSTEIN,STUART		NAME			
TREET ADDRESS	184 WESTWARD DR.		STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI SPRINGS FL		CITY-ST-ZIP			
IITLE		☐ Delete	TITLE		Change	☐ Addition
IAME			NAME			
STREET ADDRESS		1	STREET ADDRESS			
CITY-ST-ZIP		_	CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		· 🗀 · Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-2IP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	☐ Addition
NAME			NAMÉ			
STREET ADDRESS	1		STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	1	☐ Delete	TITLE		Change	Addition
NAME			NAME			
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

action supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information promised reports true and accordate and trat my signature shall have the same legal effect as if made under oath; that I am an officer or director per of trusted enjowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with an address, with all other like empowered. 12. I hereby certify that the information supplied, indicated on this report or so of the corporation or the rede changed, or on an attachmen

SIGNATURE:

CR2E034 (10/02)