

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90001 030 ***150.00

DOCUMENT # 602029

1. Entity Name

ALAN STOLER D D S P A

Principal Place of Business

**475 BILTMORE WAY
 MIAMI FL 33134**

Mailing Address

**475 BILTMORE WAY
 MIAMI FL 33134**

2. Principal Place of Business

13637 DEERING BAY DR.

3. Mailing Address

Suite, Apt. #, etc.

261

Suite, Apt. #, etc.

261

City & State

MIAMI FLA.

City & State

MIAMI FLA.

Zip

33158

Country

DADE

Zip

33158

Country

DADE

6. Name and Address of Current Registered Agent

**STOLER, ALAN
 475 BILTMORE WAY
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

13637 DEERING BAY DR. #261

City

MIAMI

FL

Zip Code

33158

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 \$550.00
 After September 12, 2001, Fee will be \$750.00
 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

TITLE **PDS** ☐ Delete
 NAME **STOLER, ALAN**
 STREET ADDRESS **475 BILTMORE WAY**
 CITY-ST-ZIP **CORAL GABLES, FL 00000**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☒ Change ☐ Addition
 NAME **ALAN STOLER**
 STREET ADDRESS **13637 DEERING BAY DR. #261**
 CITY-ST-ZIP **MIAMI FLA. 33158**

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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:

ALAN STOLER

STOLER

7-23-01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
#602029
A0079036

Alan Stoler, D.D.S., P.A.
13637 Deering Bay Drive, 261
Coral Gables, Florida 33158

July 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I have moved my business to the above address; however, my mail went to the old address. I was given all my mail from the old address except the original UBR. This is the first notice that I have that this report is due.

I have enclosed a check for \$150.00. Thank you for your attention.

Sincerely,



Alan Stoler, DDS