

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604593

1. Entity Name

SAMUEL S. PORCO, D.M.D., P.A.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90141 033 ***150.00

Principal Place of Business
950 N. KROME AVE
SUITE 204
HOMESTEAD FL 33030

Mailing Address
950 N. KROME AVE
SUITE 204
HOMESTEAD FL 33030-4455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1469139

Applied For

Not Applicable

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

PORCO, SAMUEL S., D.M.D.
17921 SW 87 AVENUE
MIAMI FL 33157

Name Samuel S Porco DMD

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

950 N. KROME AVE

Suite 204

City HOMESTEAD

FL

Zip Code 33030

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, 2000 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 PD
NAME PORCO, SAMUEL S.
STREET ADDRESS 950 N. KROME AVE, STE 204
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

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

TITLE ST
NAME PORCO, PATRICIA
STREET ADDRESS 950 N. KROME AVE, STE 204
CITY-ST-ZIP HOMESTEAD FL 33030 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SAMUEL S. PORCO DMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

305-242-0270

Daytime Phone #

CR2E034 (9/99)