

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 613744**

1. Entity Name

SAMUEL M. MELINE, D.M.D., P.A.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90075 047 ***150.00

Principal Place of Business

Mailing Address

**3146 B NORTHSIDE DRIVE
STE 102
KEY WEST FL 33040****89 JUNIPER ROAD
HOLLYWOOD FL 33021****2001**

2. Principal Place of Business

3. Mailing Address

**4410 SHERIDAN ST
Suite, Apt. #, etc.****89 JUNIPER RD
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**HOLLYWOOD FL
Zip 33021 Country****HOLLYWOOD FL
Zip 33021 Country**4. FEI Number **59-1887510**

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

**MELINE, SAMUEL M
4410 SHERIDAN ST
HOLLYWOOD FL**

Name

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

City

FL

Zip Code

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, 2001 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	<input type="checkbox"/> Delete
NAME	MELINE DMD, SAMUEL M.	
STREET ADDRESS	89 JUNIPER ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)