

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90085 009 ***150.00

DOCUMENT # 675699

1. Entity Name

BASIC DENTAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

~~15145 93RD LANE NORTH~~
~~JUPITER FL 33478~~
~~US~~

~~15145 93RD LANE NORTH~~
~~JUPITER FL 33426-7625~~
~~US~~

00005742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13 MAYFIELD WAY

3. Mailing Address

13 MAYFIELD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Boynton Beach

Zip

33426

Country

FL

Zip

33426

Country

FL

4. FEI Number

59-2036163

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

PARLIN, MINA

~~15145 93RD LANE NORTH~~
~~JUPITER FL 33478~~

Name

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

13 MAYFIELD WAY

City

Boynton Beach

FL

Zip Code

33426

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 *Mina Parlin*
 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	<input type="checkbox"/> Delete
NAME	PARLIN, MINA	
STREET ADDRESS	8415 S W 107TH AV	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13 MAYFIELD WAY	
CITY-ST-ZIP	Boynton Beach FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:

Mina Parlin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/00
 Date

5616492414
 Daytime Phone #

CR2E034 (9/99)