

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90108 033 ***150.00

DOCUMENT # 687429

1. Entity Name

RONALD M. HAGEN, D.D.S., P.A.

Principal Place of Business

Ronald M. Hagen, D.D.S.
8257 S. Dixie Highway
Dixie Pointe Center
Miami, FL 33143

~~13045 SW 112TH ST
 MIAMI FL 33186~~

---6100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039994

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~HAGEN, RONALD MARK DDS
 13045 SW 112TH ST
 MIAMI FL 33186~~

7. Name and Address of New Registered Agent

Name **HAGEN, RONALD MARK DDS**
 Street Address **Ronald M. Hagen, D.D.S.**
8257 S. Dixie Highway
Dixie Pointe Center
 City **Miami, FL 33143** **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

Ronald M. Hagen

1-10-01

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	D	<input checked="" type="checkbox"/> Delete
NAME	HAGEN, RONALD MARK	
STREET ADDRESS	13045 SW 112 ST	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEN RONALD MARK	
STREET ADDRESS	8257 S. DIXIE HIGHWAY	
CITY - ST - ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Ronald M. Hagen
RONALD M. HAGEN

1-10-01 305-667-4410

Date

Daytime Phone #

CR2E034 (10/00)