

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731647

1. Entity Name

BROWARD DENTAL RESEARCH CLINIC, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90097 045 ****61.25

Principal Place of Business

Mailing Address

3501 S.W. DAVIE RD. BLDG 08
FT. LAUDERDALE FL 33314

3501 S.W. DAVIE RD. BLDG 08
FT. LAUDERDALE FL 33314-1604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1591629

Applied For
Not Applied

Zip

Country

Zip

Country

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

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
JACKSON, DAVID
1500 E. BROWARD BLVD.
FT. LAUDERDALE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KUSNICK, STEVEN
3531 N. PINE ISLAND RD.
SUNRISE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SHERMAN, RICHARD
2249 N. UNIVERSITY DR.
PEMBROKE PINES FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KUPFER, GLENN
8214 WILES RD
CORAL SPRINGS FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BODNAR, GABER
4640 N. FEDERAL HIGHWAY, #3
FT LAUDERDALE FL 33308

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MULKAY, ESTEBAN
2400 N. UNIVERSITY DR., #215
PEMBROKE PINES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #