2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 08, 2000 8:00 am Secretary of State **DOCUMENT # F34509** ROBERT J. EISENBERG, D.D.S., P.A. 03-08-2000 90050 005 ***150.00 Principal Place of Business Mailing Address 2200 W GLADES RD STE 610 2200 W GLADES RD **STE 610 BOCA RATON FL 33431-7351 BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2093398 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EISENBERG, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 2200 W GLADES RD #610 **BOCA RATON, FL** 33431 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nar FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE EISENBERG, MARLENE R. NAME STREET ADDRESS STREET ADDRESS 2200 W GLADES RD #610 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 Addition ☐ Change ☐ Delete TITLE EISENBERG, ROBERT J. NAME NAME STREET ADDRESS STREET ADDRESS 2200 W GLADES RD #610 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 00000** ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 with all other like empowered.