2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # F41028** Feb 10, 2000 8:00 am 1. Entity Name DAVID S. GAINES, D.D.S., P.A. **Secretary of State** 02-10-2000 90021 025 ***150.00 Mailing Address Principal Place of Business % DAVID S GAINES % DAVID S GAINES 3326 MARY STREET, STE 4A 3326 MARY STREET. STE 4A MIAMI FL 33133-1900 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. والمستناة بالروا Applied For City & State 4. FEI Number City & State 59-2118482 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAINES, DAVID S Street Address (P.O. Box Number is Not Acceptable) 3326 MARY STREET, STE 4A **MIAMI FL 33133** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS-12. 11. ☐ Addition TITLE TITLE ☐ Delete GAINES, DAVID S NAME NAME STREET ADDRESS STREET ADDRESS 3326 MARY ST, STE 4A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. It hereby certify that the information supplied with this not c signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental changed, or on an attachment with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR