

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90107 047 ***150.00

DOCUMENT # F44035

1. Entity Name

CHARLES H. KATES, D.D.S., P.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 NE 168 Street

Suite, Apt. #, etc.

3. Mailing Address

1 NE 168 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

59-2124293

Applied For

Not Applicable

Zip

Country

33162

USA

Zip

Country

33162

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Kates, Adele

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

1 NE 168 Street

City

North Miami Beach

FL

Zip Code

33162

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	Dr.
NAME	Kates, Charles H.
STREET ADDRESS	1 NE 168 Street
CITY-ST-ZIP	North Miami Beach, FL 33162

TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 29, 2002 305-651-6442

Date

Daytime Phone #

CR2E034B (12/01)