

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F57180**

1. Entity Name  
**HOWARD N. SACKS, DMD, P.A.**



Principal Place of Business  
Mailing Address  
**C/O HOWARD N. SACKS**  
**C/O HOWARD N. SACKS**  
**10651 NORTH KENDALL DRIVE, SUITE 112**  
**MIAMI FL 33176**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **59-2140531**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**SACKS, HOWARD N.  
10651 NORTH KENDALL DRIVE, SUITE 112  
MIAMI FL 33176**

**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**

After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **DP**  
NAME **SACKS, HOWARD N**  
STREET ADDRESS **10651 N KENDALL DR #112**  
CITY-ST-ZIP **MIAMI FL**

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 607, 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/03 (305) 596-1722

Date

Daytime Phone #

CF2E034 (4/03)

*Attachment #*

50140808  
F57180

**HOWARD N. SACKS, DMD, PA**  
10651 N. Kendall Drive, Suite 112  
Miami, Florida 33176

August 4, 2003

Florida Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

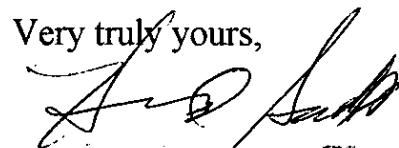
Re: ~~Howard N. Sacks, DMD, PA~~  
Document # F57180

Gentlemen:

I am writing to you regarding the 2003 For Profit Corporation Uniform Business Report for the above named taxpayer. I am the president and sole stockholder of Howard N. Sacks, DMD, PA. In accordance with the instructions for the UBR form, I am enclosing a check for \$150. representing the original fee required for 2003. I am also hereby requesting that the \$400. penalty be waived because the original notice was never received from Tallahassee.

Your consideration in resolving this matter would be gratefully appreciated. If I can be of further assistance, please do not hesitate to contact me.

Very truly yours,



Howard N. Sacks  
President