

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90098 043 ***150.00

DOCUMENT # F57180

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



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

Mailing Address
C/O HOWARD N. SACKS
10651 NORTH KENDALL DRIVE, SUITE 112
MIAMI FL 33176



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2140531**

Applied For
Not Applicable

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: x

SIGNATURE REQUIRED

HOWARD N. SACKS, PRES

8/4/03

(305) 596-1722

CR2E034 (4/03)

Attachment #

70140808
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

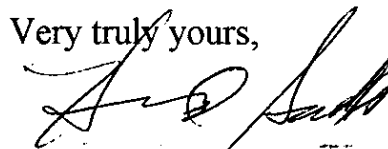
Re: ~~Howard N. Sacks, DMD, PA~~
Document # F57180

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 Talahassee.

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