03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005126

1. Entity Name
Beckee-Park.N Dental Supply Co. Inc

FILED

03 AUG 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
450 W 33RD ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York NY	City & State
Zip: 10001 Country: US	Zip Country

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4. FEI Number 13-2751374 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name - Lisa Morely c/o Beckee-Park.N

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

1700 NW 65th Ave

City PLANTATION FL Zip Code 33313

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President FRED SALZMAN 3200 N. Ocean BLVD FT LAUDERDALE FL 33308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Barry SALZMAN 115 Central Park West NY NY 10023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Craig Greenberg CFO 134 Kipsaw AVE SEA GATE NY 11224
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

700023434607
08/15/03--01025--004 **550.00

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CR2E034B (12/02)

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

SIGNATURE: _____ CFO 8/11/03 212-216-0758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JA 8/18