

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97272

1. Entity Name

BASAPPA A. MRUTHYUNJAYA, D.D.S., P.A.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90042 036 \*\*\*150.00

Principal Place of Business

6971 W SUNRISE BLVD  
SUITE 101  
PLANTATION FL 33313

Mailing Address

6971 W SUNRISE BLVD  
SUITE 101  
PLANTATION FL 33313-4407

2. Principal Place of Business

10946 NW 15th  
Suite, Apt. #, etc.  
CORAL SPRINGS

3. Mailing Address

10946 NW 15th  
Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS

4. FEI Number

59-2212316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MRUTHYUNJAYA, BASAPPA A., D.D.S.  
6971 W SUNRISE BLVD  
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

~~MRUTHYUNJAYA, BASAPPA A.~~

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

10

10946 NW 15th

City

CORAL SPRINGS

FL

Zip Code

33071

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-00

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	MRUTHYUNJAYA, BASAPPA A	
STREET ADDRESS	6971 W SUNRISE BLVD	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	B. Mruthynunjaya	
STREET ADDRESS	10946 NW 15th St.	
CITY-ST-ZIP	Coral Springs, FL 33071-6419	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2-5-00 954-753-0252

CR2E034 (9/99)