## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2002 8:00 am Secretary of State

DOCL	<b>JMENT</b>	# н	00855
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1. Entity Name

## LAWRENCE T. GRAND, D.D.S., P.A. 824503 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 18962 SW 94th Avenue 18962 SW 94th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2402846 Miami, Florida Miami, Florida Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33157**-**7958 33157-7958 USA Fee Required 7. Name and Address of Current Registered Agent David R. Weissman DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 9200 S. Dadeland Blvd., Suite 508 Miami, 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 (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE NAME NAME GRAND, LAWRENCE T. STREET ADDRESS STREET ADDRESS 18962 SW 94 AVE., Miami, CITY-ST-7IP CITY-ST-ZIP 33157 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 a lotter like empowered.

SIGNATURE:

ISIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aut 11, 2000

Daytime Phone #

## DAVID R. WEISSMAN

ATTORNEY AT LAW
SUITE 508 DADELAND TOWERS
9200 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

Attachment DOC# H00855

> TELEPHONE (305) 670-0987 TELEFAX (305) 670-1450

February 13, 2002

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

Re: Lawrence T. Grand, D.D.S., P.A.

Document #H00855

2002 Annual Uniform Business Report

## Gentlemen:

I am the Attorney and Registered Agent for the above-referenced Corporation. Enclosed please find the following:

- 1. 2002 Annual Uniform Business Report
- 2. Lawrence T. Grand, D.D.S., P.A. Check #8801, payable to the Department of State, in the amount of \$158.75, for the filing fee and for a Certificate of Status
- 3. Self-addressed, stamped envelope

Kindly issue a Certificate of Status and return same to the undersigned in the enclosed self-addressed, stamped envelope.

Very truly yours,

David R. Weissman

DRW/map Enclosures

cc: Lawrence T. Grand, D.D.S., P.A.

C:\WP\CORP\Grand\Uniform Business Report.ltr.wpd