FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90157 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72774

1. Entity Name
Rouhollah Fallah, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7100 W. Commercial Blv	7100 W Commercial Blvd
Suite, Apt. #, etc. Suite 108	Suite, Apt. #, etc. Suite 108
City & State Lauderhill, FL 33319	City & State Lauderhill, FL 33319
Zip / Country	Zip / Country

4. FEI Number 59-2596416 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Fallah, Rouhollah
Street Address (P.O. Box Number is Not Acceptable): 7100 W Commericall Blvd Suite 108
City: Lauderhill FL Zip Code: 33319

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

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

10. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Fallah, Rouhollah
STREET ADDRESS	7100 W Commercial Blvd
CITY-ST-ZIP	Lauderhill, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: R. Fallah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADDITIONAL INFORMATION