2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72774

1. Entity Name

ROUHOLLAH FALLAH, D.D.S., P.A.



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

04-25-2003 90224 017 ***150.00

Principal Place of Business 7100 WEST COMMERCIAL BOULEVARD SUITE 108 LAUDERHILL FL 33319		Mailing Address 7100 WEST COMMERCIAL BOULEVARD SUITE 108 LAUDERHILL FL 33319		L 1441001 BULL 10416 KIDU 10410 10411 BULL 10410	(8); 8)8); 8)8); 8)8); 8)8); 88);	
DODERNILL CE 33319						
2. Principal Place of Business 3. I		3. Mailing Address			IBIN BASA BASA SIBN BISA ABU	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2596416	Applied For Not Applicable	
Zìp	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		
			Name			
FALLAH, ROUHOLLAH				Street Address (P.O. Box Number is Not Acceptable)		
7100 W COMMERICAL BLVD			Sireet Addres	s (P.O. Box Number is Not Acceptable)		
SUITE 108						
LAUDERHILL FL 33319			0:		7:- 0- 1-	
LAUDERRILL FL 33319			City	City FL Zip Code		
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or regis	stered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable /NOTE	Registered Agent signature requ	lired when reinstating) DATE		
	Signature, typet or printed name or registered agent at	TO BE IT APPRICADE. (NOTE.	negistered Agent signature requ	DAIL DAIL		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	FALLAH, ROUHOĽLAH		NAME			
STREET ADDRESS	7100 W COMMERICAL BLVD		STREET ADDRESS			
CITY-ST-ZIP	LAUDERHILL FL 33319		CITY-ST-ZIP			
TITLE	*	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	:		NAME			
STREET ADDRESS CITY-ST-ZIP	المستنية أمام المجازي والمحادث المستنية	المنتين المنتون المالية المالية المالية	STREET ADDRESS CITY-ST-ZIP	AND THE CONTROL OF TH		
					Date Charge	
TITLE	l	☐ Delete	TITLE		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Detete

☐ Delete

4/22/03/1954)7416556

☐ Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

Pate Daytime

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