## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **H74549**

1. Entity Name

JOSEF CHENCIN, D.D.S., P.A.



## FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90118 003 \*\*\*150.00

			THE THE	9			
Principal Place of Business 3015 BAYVIEW DR FT. LAUDERDALE FL 33306		Mailing Address 3015 BAYVIEW DR FT. LAUDERDALE FL 33306		· ·			
2 Principal	Place of Business		,- <u>,</u>				
2. Principal Place of Business		3. Mailing Address		1 108191E BING LEBIH EMBUL BING BING FIRMS BARA	I BIBAR BIANI BYBAN	MINIT RIGIT INDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0000707	<b>⊢</b>	Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ac		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registere			
CHENCIN	, ~~ _ , ~~ _ , ~~ _ , ~~ _ , ~~ , ~~ , ~~ , ~~ , ~~ , ~~ , ~~ , ~~	and make the same of the same	Name				
CHENCIN, JOSEF 3015 BAYVIEW DR			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
FT.LAUDE	ERDALE FL 33306						
			City	F			
8. The above the obliga SIGNATURE	nons of registered agent.		registered office or regist	rered agent, or both, in the State of Florida. I ar		, and accept	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department OFFICERS ANI	of State	11.	Election Campaign Financing     Trust Fund Contribution.	\$5.0	00 May Be	
TITLE	PST	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP	CHENCIN, JOSEF 3015 BAYVIEW DR FT. LAUDERDALE FL	and books	NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHENCIN, JOSEF 3015 BAYVIEW DR FT. LAUDERDALE FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	المسابد التسابية المعبدة التالية	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	

2. 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 Block 11 if chapter 607, Florida Statutes.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LHENCIN DOSPA

2/13/03

(154) S61-473