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

## DOCUMENT # J27218 1. Entity Name

JAY ALPERIN, DDS. PA



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90098 047 \*\*\*150.00

FILED

Principal Place of Business

2100 LAKE IDA ROAD SUITE 2A DELRAY BEACH FL 33445 Mailing Address 2100 LAKE IDA ROAD SUITE 2A

DELRAY BEACH FL 33445

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

10017103



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-2704856

Applied For Not Applicable

Zip

Country

Zip

Country

Solution 1 Status Desired Status Desired Status Desired Solution 1 September 1 September 1 September 2 September

6. Name and Address of Current Registered Agent

RIPLEY, RAYMOND, JR. 235 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33444

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

7. Name and Address of New Registered Agen

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. I am familiar with, and accept the obligations of registered agent.

City

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

AIE

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME ALPERIN, JAY NAME STREET ADDRESS 3130 LOWSON BLVD. STREET ADDRESS **DELRAY BEACH FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SICULATION TO NAME OF SIGNING OFFICER OR DIRECTOR.

CR2E034 (10/0