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## 2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

SIGNATURE:

## Feb 21, 2002 8:00 am **DOCUMENT # Secretary of State** K32121 1. Entity Name 02-21-2002 90049 004 \*\*\*150.00 JEROME B. PERLMUTTER, D.D.S., P.A. Principal Place of Business Mailing Address JEROME BL PERLMUTTER D.D.S. P.A. JEROME B. PERLMUTTER, D.D.S. P.A. 1975 SOUTH U.S. 1 1975 SOUTH US 1 FORT PIERCE FL 34950 FORT PIERCE FL 34950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0069942 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M & W AGENTS, INC Street Address (P.O. Box Number is Not Acceptable) ONE DATRAN CENTR, PHI 9100 S DADELAND BLVD MIAM) FL 33156 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Change ☐ Addition TITLE □ Delete TITLE PERLMUTTER, JEROME B. NAME NAME CR2E034 1975 S US ONE STREET AUTURESS STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME PERLMUTTER, KATHLEEN NAME STREET ADDRESS 1975 S US I STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 requirer or trustee empowered to execute this peopral as required by Chapter 617, Florida Statutes; and that my name appears in Block 11 or Block 12 if