

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90018 037 ***150.00

DOCUMENT # K64404

1. Entity Name

CHIRODENT, INC.

Principal Place of Business

**5810 SOUTH FLAMINGO ROAD
COOPER CITY FL 33330**

Mailing Address

**2735 HACKNEY RD
FT LAUDERDALE FL 33331
US**

2. Principal Place of Business

3355 Bridle Path Lane

Suite, Apt. #, etc.

3. Mailing Address

3355 Bridle Path Lane

Suite, Apt. #, etc.

City & State

Weston Fla

City & State

Weston Fla

4. FEI Number

65-0106501

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POSTAL, JEFF
2735 HACKNEY RD
FT LAUDERDALE FL 33331**

7. Name and Address of New Registered Agent

Name

JEFF Postal

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

3355 Bridle Path Lane

City

Weston

FL

Zip Code

33331

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 **Jeffrey Postal Pres**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ Delete
NAME **POSTAL, JEFFREY J.**
STREET ADDRESS **5810 S FLAMINGO RD**
CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **TSD** ☐ Delete
NAME **POSTAL, MINDY**
STREET ADDRESS **2735 HACKNEY RD**
CITY-ST-ZIP **WESTON FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Jeffrey Postal**
STREET ADDRESS **3355 Bridle Path Lane**
CITY-ST-ZIP **Weston Fla 33331**

TITLE **V. Pres** ☒ Change ☐ Addition
NAME **Mindy Postal**
STREET ADDRESS **3355 Bridle Path Lane**
CITY-ST-ZIP **Weston Fla 33331**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Postal

4/25/01

Date

Daytime Phone #

954-288-8353

CR2E034 (10/00)