

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008948

1. Entity Name

PALM BEACH MALL DENTAL, P.L.

Principal Place of Business

1801 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

Mailing Address

1801 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

2. Principal Place of Business

1801 Palm Beach Lakes Blvd

3. Mailing Address

1801 Palm Beach Lakes Blvd

Suite, Apt. #, etc.

852

Suite, Apt. #, etc.

852

City & State

W.P.B.

City & State

W.P.B.

Zip

33401

Country

U.S.

Zip

33401

Country

U.S.

4. FEI Number

65-1058123

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

PEGUERO, DANIEL
1801 PALM BEACH LAKES BLVD.
WEST PALM BEACH FL 33401

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

City

2

FL

Zip Code

7. Name and Address of New Registered Agent

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)

8-29-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

700004598907--9
-09/19/01--01072--002
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRESIDENT
STREET ADDRESS DANIEL PEGUERO
CITY-ST-ZIP 1801 PALM BEACH LAKES BLVD.
SPACE 852 W.P.B FL 33401

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

8-29-01

561-683-6247

0005031

FILED

01 SEP -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E083 (5/01)