

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90135 026 ***150.00

DOCUMENT # L18665
 1. Entity Name
SUZANNE ABERGEL, D.D.S., P.A.

Principal Place of Business 8780 S.W. 92ND STREET SUITE 103 MIAMI FL 33176	Mailing Address 8780 S.W. 92ND STREET SUITE 103 MIAMI FL 33176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0155240** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ABERGEL, SUZANNE, D.D.S., P.A.
8780 S.W. 92ND STREET
SUITE 103
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name _____

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

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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 : PD <input type="checkbox"/> Delete	NAME ABERGEL, SUZANNE
STREET ADDRESS 8780 S.W. 92ND STREET STE. 103	
CITY-ST-ZIP* MIAMI, FL 33176	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1/30/02

CR2E034 (9/01)