

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21303

1. Entity Name

HOMESTEAD DENTAL ASSOCIATES, P.A.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90019 020 ***150.00

Principal Place of Business

Mailing Address

11900 BISCAYNE BLVD
STE 604
MIAMI FL 33181
US

11900 BISCAYNE BLVD
STE 604
MIAMI FL 33181-2734
US

2. Principal Place of Business

909 N. Rome Ave

3. Mailing Address

18064 Sentinel Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Boca Raton FL

Zip

33030

Country

USA

Zip

33496

Country

USA

4. FEI Number

65-0151394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, JOEL
11908 BISCAYNE BLVD
STE 604
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

ARTHUR L KAPIT

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

18064 Sentinel Circle

City

Boca Raton

FL

Zip Code

33496

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

Arthur L Kapit, ARTHUR L KAPIT

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 D
NAME KAPIT, ARTHUR DDS
STREET ADDRESS 2806 N 46TH AVE
CITY-ST-ZIP HOLLYWOOD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DR.
NAME ARTHUR L KAPIT
STREET ADDRESS 18064 Sentinel Circle
CITY-ST-ZIP Boca Raton, FL 33496 ☒ Change ☐ Addition

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

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

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

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

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

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:

ARTHUR L KAPIT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00

Date

561-477-9078

Daytime Phone #

CR2E034 19/99