

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21303

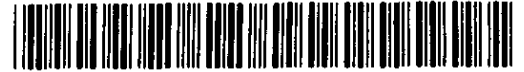
1. Entity Name

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 11900 BISCAYNE BLVD STE 604 MIAMI FL 33181 US	Mailing Address 11900 BISCAYNE BLVD STE 604 MIAMI FL 33181-2734 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 909 N. Krome Ave Suite, Apt. #, etc.	3. Mailing Address 18064 Sentinel Circle Suite, Apt. #, etc.
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City & State Homestead FL	City & State Boca Raton FL	4. FEI Number 65-0151394	Applied For Not Applicable
Zip 33030	Country USA	Zip 33496	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

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 NAME STREET ADDRESS CITY-ST-ZIP	D KAPIT, ARTHUR DDS 2806 N 46TH AVE HOLLYWOOD FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. ARTHUR L KAPIT 18064 Sentinel Circle Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* ARTHUR L KAPIT 2/20/00 561-477-9078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99