

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 8:00 am
Secretary of State

DOCUMENT # L40573

1. Entity Name
BORASMY N. UNG, D.D.S., P.A.



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02-20-2004 90007 045 ***158.75

Principal Place of Business

**3112 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064 US**

Mailing Address

**3112 N. FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064 US**

24013284



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0166344

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

**UNG, BORASMY N.
3112 NORTH FEDERAL HWY.
LIGHTHOUSE POINT, FL 33064**
**2480 E. COMMERCIAL BLVD
2nd Floor
FT LAUDERDALE, FL 33068**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

BORASMY N. UNG

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

(NOTE: Registered Agent signature required when reinstating)

2/14/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME UNG, BORASMY
STREET ADDRESS **2480 E. COMMERCIAL BLVD**
CITY-ST-ZIP **2nd Floor**
FT LAUDERDALE, FL 33068

TITLE VD
NAME UNG, BOANN
STREET ADDRESS 3636 WHITEHALL DR. #405
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE STD
NAME UNG, BORASMY
STREET ADDRESS **2480 E. COMMERCIAL BLVD**
CITY-ST-ZIP **2nd Floor**
FT LAUDERDALE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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 #

BORASMY N. UNG, President 2/14/04 954-667-6507