

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L66770**

1. Entity Name

NATIONAL DENTAL PROGRAMS, INC.**FILED****Mar 06, 2000 8:00 am**
Secretary of State

03-06-2000 90013 025 ***150.00

Principal Place of Business

Mailing Address

**7000 NW 17TH ST #102
PLANTATION FL 33313****2080 OLD DOMINION ROAD
ATLANTA GA 30350-4619
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0189923

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLOY, GARY
7000 NW 17TH ST #102
PLANTATION FL 33313**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ALLOY, GARY	
STREET ADDRESS	7000 NW 17TH ST #102	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLOY, MARILYN	
STREET ADDRESS	2080 OLD DOMINION RD.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	ALLOY, JASON	
STREET ADDRESS	2080 OLD DOMINION ROAD	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALLOY, TAMI	
STREET ADDRESS	2080 OLD DOMINION ROAD	
CITY-ST-ZIP	ATLANTA GA 30350	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-2000 404-705-8500