

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State
 02-01-2000 90096 018 ***150.00

DOCUMENT # L80211

1. Entity Name

MICHAEL TUNICK D.D.S., P.A.

Principal Place of Business

6835 VIENTO WAY
 STE 301
 BOCA RATON FL 33433
 US

Mailing Address

6835 VIENTO WAY
 BOCA RATON FL 33446-3651
 US

2. Principal Place of Business

~~13645 Weyburne Drive~~
 Suite, Apt. #, etc.

3. Mailing Address

~~13645 Weyburne Drive~~
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

4. FEI Number

65-0225229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

33446

Palm Beach

33446

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUNICK, MICHAEL
6835 VIENTO WAY
BOCA RATON FL 33433

Name

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

13645 Weyburne Drive

City

Delray Beach

FL

Zip Code

33446

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TUNICK, MICHAEL**
 CITY-ST-ZIP **7301A W PALMETTO PK RD**
BOCA RATON FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **13645 Weyburne Drive**
 CITY-ST-ZIP **Delray Beach, Florida 33446**

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

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

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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 #