2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

M21271

BERT M. WATTIGNEY, D.D.S., PROFESSIONAL ASSOCIAT



ATION	, , , , , , , , , , , , , , , , , , , ,		le le				
Principal Place of Business C/O BERT M. WATTIGNEY 9964 PINES BLVD.		Mailing Address C/O BERT M. WATTIGNEY 9964 PINES BLVD.					
PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33024			ABA BIBN 1411 BY	811 910 11 1 88 1	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2579618		oplied For ot Applicable
Zìp	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered	Agent	
WATTONEY DEPT H				Name			
WATTIGNEY, BERT M. 9964 PINES BLVD.			Str	reet Address (F	et Address (P.O. Box Number is Not Acceptable)		
	E PINES FL 33024						
			Cit	ty	FI	Zip Code	a a
8. The above the obligat	e named entity submits this statement tions of registered agent.	or the purpose of changing it	ts registered off	fice or registere	ed agent, or both, in the State of Florida. I am	familiar with,	and accept
SIGNATURE	-					-	
Property See also in	Signature, typed or printed name of registered ager	t and title if applicable. (NO	TE: Registered Agen	t signature required	when reinstating) DATE	Quarte militaria	
F	ILE NOW!!! FEE IS \$150.00				• DATE • DATE • DATE • DATE • Trust Fund Contribution.	\$5.0	O May Be
Make Check	k Payable to Florida Department (of State	ယ <i>ြောင့်</i> မြန္မြဲမြို့မှ -	.gg 464 .g.,	Trust Fund Contribution.	\$5.0 □ Added	to Fees
10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11
TITLE	DP DEPT N	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	WATTIGNEY, BERT M. 9964 PINES BLVD.		NAME STREET ADD	npess			}
CITY-ST-ZIP	PEMBROKE PINES FL		CITY-ST-ZI	ŀ			
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CITY-ST-ZIP		این دو مهم است. از این میران و در معمودی	CITY-ST-ZIF				}
12. I hereby o	certify that the information supplied wit	h this filing does not qualify fo	or the exemption	n stated in Sec	ction 119.07(3)(i). Florida Statutes. I further ce	rtify that the in	formation

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

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90111 031 ***150.00