

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90044 008 ***150.00

DOCUMENT # M27976

1. Entity Name

BRUCE MAINS, D. M. D., P. A.

Principal Place of Business

**1001 N. FEDERAL
 #203
 HALLANDALE FL 33009
 US**

Mailing Address

**C/O BRIAN LYNN
 2 S. UNIVERSITY DR./#215
 PLANTATION FL 33324
 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

59-2757525

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

**BRIAN, LYNN
 2 S. UNIVERSITY DRIVE
 #215
 PLANTATION FL 33324**

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MAINS, BRUCE**
 CITY-ST-ZIP **1001 N. FEDERAL HWY., STE. 203**
HALLANDALE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)

Attachment

Brian Lynn, C.P.A., P.A.
Certified Public Accountant

Doc# M27976

Two South University Drive, Suite 215

Plantation, Florida 33324

Broward: (954) 474-1111

Dade: (305) 940-1878

726943

E-Mail: ex-irs-cpa@mindspring.com

National Watts Line: (800) 330-2933

Fax Transmission: (954) 474-5373

COPY

INSTRUCTIONS

DATE: -

1/10/02

CLIENT:

Bruce Mains DMD, PA

RETURN:

Uniform Business Report

PERIOD:

2002

DUE DATE

5/1/02

SIGNATURE

Where indicated by red checkmark.

AMOUNT DUE

\$ 150 -

PAYABLE TO

Department of State

MAIL TO -

envelope enclosed

REMARKS

Please call our office
when you file the
report

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0333289 AV

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726943

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CITY-ST-ZIP HALLANDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CR2E034 (9/01)