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Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M27976  1. Entity Name  BRUCE MAINS, D. M. D., P. A.					Feb 06, 2002 8:00 am Secretary of State 02-06-2002 90044 008 ***150.00				
BRUCE N	MAINS, D. M. D., P. A.					02-06-200	02 90044	008 ***15	0.00
Principal Place 1001 N. FEDI #203	ce of Business	Mailing Address  C/OBRIAN LYON 2 S. UNIVERSITY DR/#	/ <u>ハ</u> ハ						
HALLANDALE	FL 33009	PLANTATION FL 33324				1 10040011 110 11 <b>0</b> 11 1 <b>011</b> 14 <b>1011</b> 14	1 <b>8318 (</b> 1111 <b>1</b> 11 <b>8</b> )1	<b>a</b> iail <b>a</b> iail <b>a</b> iail i	DIÁN DIAN IDDI 1
US 2. Principal F	Place of Business	US  3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE	
City & Stat	ee	City & State			4. 1	FEI Number <b>59-27575</b> 2	 25		oplied For ot Applicable
Zip	Country	Zip	Coun	itry	5. (	Certificate of Status Desired	1 🗆	\$8.75 Add	
	6. Name and Address of Current F	l Registered Agent		1	7. 1	Name and Address of New	Registered	Fee Require	:u 
				Name		والمعتار الراجعيات المستهيدات المرا		·· -	
	YNN	<i>'</i>	_	Street Ac	Idress (P.O. E	Box Number is Not Acceptal	ble)		
	ERSITY DRIVE							·	
#215	10tt 51 00004							<del></del>	·
PLANIA	ION FL 33324			City		,	FL	Zip Cod	e
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent are	nd title if applicable. (NO	TE: Registere	d Agent signatu	e required when re		DATE		
SIGNATURE .  9. This corpo			TE: Registere	d Agent signatur IS \$150.0 will be \$5	e required when re 0 50.00		DATE		00 May Be
9. This corporate (See criter	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND D	FILE NOW After May 1, 20 Make Check Paya	TE: Registere	d Agent signatur IS \$150.0 will be \$5	e required when re 0 50.00 of State	oinstating)  10. Election Campaign F	DATE Financing tion.	Added	to Fees
9. This corporate file (See criter) 11. **  TITLE  VAME	Signature, typed or printed name of registered agent as praction is eligible to satisfy its Intangible requirement and elects to do so.  OFFICERS AND DEPTH MAINS, BRUCE	FILE NOW After May 1, 2t Make Check Paya  DIRECTORS  Delete	TE: Registerer  7!!! FEE  7!!! FEE  7:002 Fee  12.  111LE  NAM	d Agent signatur IS \$150.0 will be \$50 epartment	e required when re 0 50.00 of State	instating)  10. Election Campaign F  Trust Fund Contribut	DATE Financing tion.	Added	to Fees
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Oldermen Brian Lynn, C.P.A., P.A.

Two South University Drive, Suite 215

Plantation, Florida 33324

Broward: (954) 474-1111

Dade: (305) 940-1878

DATE:

CLIENT:

RETURN:

DIATE LYNN, C.P.A., P.A.

Certified Public Accountant

Certified Public Accountant

INSTRUCTIONS

INSTRUCTIONS

LOGAL

DATE:

CLIENT:

RETURN:

DU JOYN BUSINESS (1000+

PERIOD:

E-Mail: ex-irs-cpa@mindspring.com National Watts Line: (800) 330-2933 Fax Transmission: (954) 474-5373

COPY

DUE DATE	5/1/02
/signature	Where indicated by red checkmark.
AMOUNT DUE	.s 150 -
PAYABLE TO	Department of State
MAIL TO -	envelope enclosed
REMARKS	Please call our office when you file the

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Addition  Addition  Addition	CR2E

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Principal Place o	of Business	3. Mailing Address						
Suite, Apt. #, etc.	c.	Suite, Apt. #, etc.	*		DO NOT WRIT	TE IN THIS SP	ACE	
City & State		City & State		4, FEIN	umber <b>59-2757525</b>	<u></u>		applied For lot Applicable
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	<b>\$</b>	8.75 Ac	dditional
6.	. Name and Address of Curren	nt Registered Agent		7. Name	and Address of New R			
Brian, Lynn 2 S. Universi	ITY DRIVE		Name Street Addr	ess (P.O. Box N	umber is Not Acceptable	=		
#215 PLANTATION F	FL 33324		City		,	FL	Zip Co	de
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: