

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90187 027 \*\*\*150.00

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**DOCUMENT # M81370**

1. Entity Name

**KAREN GORDON, D.M.D. P.A.**



Principal Place of Business

**% KAREN GORDON**

**3990 SHERIDAN ST. SUITE 216**

**HOLLYWOOD FL 33021**

Mailing Address

**% KAREN GORDON**

**3990 SHERIDAN ST. SUITE 216**

**HOLLYWOOD FL 33021**

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

**65-0050517**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

-6. Name and Address of Current Registered Agent

-7. Name and Address of New Registered Agent

**GORDON, KAREN**

**3990 SHERIDAN ST #216**

**HOLLYWOOD FL 33021**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete  
NAME **GORDON, KAREN**  
STREET ADDRESS **3990 SHERIDAN ST #216**  
CITY-ST-ZIP **HOLLYWOOD 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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CITY-ST-ZIP

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

12. 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.

SIGNATURE

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-27-03**

Date

**954-983-9003**

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT #18/370  
Kelly & Kelly  
Certified Public Accountants, P.A.  
80142721

MEMBERS OF AMERICAN AND FLORIDA INSTITUTES AND NEW MEXICO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

JOHN F. KELLY, C.P.A.  
ELIZABETH M. KELLY, C.P.A.

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PALM BEACH (561) 368-0557  
FAX (954) 561-2749  
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3020 NORTH FEDERAL HIGHWAY  
FORT LAUDERDALE, FLORIDA 33306-1417

August 25, 2003

Florida Secretary of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Ref: Karen Gordon DMD PA  
65-0050517

Dear Sirs:

Enclosed is a check for \$150.00 to renew the above corporation for 2003. The taxpayer never received the first renewal that was sent out in January, although they have been at this location for years. As you can see from your records, this corporation has been in existence since 1988 and all renewals have been made timely. Please accept the \$150.00 renewal for 2003 to keep this corporation in good standing with you. Thank you for your understanding.

Sincerely yours,



Elizabeth M. Kelly CPA