

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90929 039 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M83835			
1. Entity Name DR. DENNIS J. CHIARO, P.A.			
Principal Place of Business 4255 N.W. 88TH AVENUE SUNRISE, FL 33351		Mailing Address 4255 N.W. 88TH AVENUE SUNRISE, FL 33351	
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 65-0056815		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	
CHIARO, DENNIS J. 4255 N.W. 88TH AVE. SUNRISE, FL 33351		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 _____ DATE _____ Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when registering.)			
FILE NOW!!! FEE IS \$150.00 After May 17, 2003 Fee will be \$550.00 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHIARO, DR. DENNIS J 4255 N.W. 88TH AVE. SUNRISE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 incorporator 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 is other I am empowered.			
SIGNATURE: <i>Dennis Chiaro</i>		4-11-2003 (954-572-7614)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Case	

DVR Dennis Chiaro

90086362

CR2034 (10/02)