

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85503

1. Entity Name

JOSEPH KILSHTOK D.D.S., P.A.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90106 026 ***150.00

Principal Place of Business

1015 NORTH AMERICA WAY
#150
MIAMI FL 33322
US

Mailing Address

3800 S OCEAN DR SUITE 1706
10025 SUNSET STRIP
HOLLYWOOD FL 33019-2922
US

2. Principal Place of Business

3. Mailing Address

3800 S Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1706

City & State

Hollywood FL

4. FEI Number

65-0058675

Applied For

Not Applied For

Zip

Country

Zip

Country

33019-2922 USA

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

KILSHTOK, JOSEPH
3800 S OCEAN DR SUITE 1706
HOLLYWOOD FL 33019

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KILSHTOK, JOSEPH
3800 S OCEAN DR SUITE 1706
HOLLYWOOD FL 33019 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
KILSHTOK, TAMMY
3800 S OCEAN DR SUITE 1706
HOLLYWOOD FL 33019 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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

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:

Joseph Kilshtok
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 7-1954/456-21