

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001943

1. Entity Name

MIAMI BEACH DENTAL SOCIETY, INC.

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90010 030 ****61.25

Principal Place of Business

Mailing Address

925 ARTHUR GODFREY RD
SUITE 300
MIAMI BEACH FL 33140
US

925 ARTHUR GODFREY RD
SUITE 300
MIAMI BEACH FL 33140-3325
US

2. Principal Place of Business

3. Mailing Address

960-41st STREET. SUITE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

312

City & State

City & State
MIAMI BEACH, FL

4. FEI Number

65-0599239

Applied For

Not Applicable

Zip

Country

Zip

Country

33140

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

MAUTNER, RICHARD
925 ARTHUR GODFREY ROAD
#207
MIAMI BEACH FL 33140

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SOUTAR, JACK
STREET ADDRESS 660 NE 95TH ST
CITY-ST-ZIP MIAMI BEACH FL

TITLE PRESIDENT ☐ Change ☐ Addition
NAME HAMIDREZA NASSERY
STREET ADDRESS 960-41ST STREET. #312
CITY-ST-ZIP M.B. FL 33140

TITLE TD ☐ Delete
NAME HAMIDREZA, NASSERY
STREET ADDRESS 960 ARTHUR GODFREY
CITY-ST-ZIP NORTH MIAMI BEACH FL

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

TITLE VPD ☐ Delete
NAME LINEX, PETER
STREET ADDRESS 11645 BISCAYNE BLVD
CITY-ST-ZIP MIAMI SHORES FL

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

TITLE SD ☐ Delete
NAME SABO, DR. VICTOR
STREET ADDRESS 960 ARTHUR GODFREY RD
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)