

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90484 003 \*\*\*150.00

**DOCUMENT # P00000006902**

**1. Entity Name**  
**APOLLO DENTAL, INC.**



**Principal Place of Business**  
**17027 PINES BLVD.**  
**PEMBROKE PINES FL 33027**

**Mailing Address**  
**17027 PINES BLVD.**  
**PEMBROKE PINES FL 33027**

**11003698**



**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**

**65-0975441**

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**

**LEKKAS, NICK**  
**19370 COLLINS AVENUE**  
**SUITE 1605**  
**SUNNY ISLES FL 33160**

Name

**LEKKAS, NICK**

Street Address (P.O. Box Number is Not Acceptable)

**17050 N. Bay Rd, #1102**

City

**Sunny Isles**

**FL**

Zip Code

**33160**

**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

*Nick Lekkas*

**NICK LEKKAS**

**3/27/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 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

**DP**  
**LEKKAS, NICK**  
**19370 COLLINS AVENUE, #1605**  
**SUNNY ISLES FL 33160**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**17050 N. Bay Rd, #1102**  
**SUNNY ISLES, FL 33160**

☒ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**NOICELY, IVOR ERROL**  
**19370 COLLINS AVENUE, #1605**  
**SUNNY ISLES FL 33160**

☐ Delete

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☒ 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)(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:**

*Nick Lekkas* **RECEIVED LEKKAS**

**03/27/03**

**(305) 948-4798**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)