

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

013195

DOCUMENT # P00000008484

1. Entity Name
HUGH B. ROSENBLATT, D.M.D., P.A.

02-20-2001 90068 049 ***150.00

Principal Place of Business 5851 HOLMBERG ROAD UNIT 3622 PARKLAND FL	Mailing Address 5851 HOLMBERG ROAD UNIT 3622 PARKLAND FL
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00018902



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 901 N. Congress Ave Suite, Apt. #, etc. D-105 City & State Boynton Bch	3. Mailing Address 901 N. Congress Ave Suite, Apt. #, etc. D-105 City & State Boynton Bch
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4. FEI Number 65-0991320	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 33426	Country USA	Zip 33426	Country USA
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KARP, WILLIAM ESQ.
 2751 S. OCEAN DRIVE
 SUITE 405 SOUTH
 HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
 Name **William KARP**
 Street Address (P.O. Box Number is Not Acceptable) **7243 Valencia DR**
 City **Boon Raton** **FL** Zip Code **33433**

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 *W. H. Karp* DATE 2-12-01
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLATT, HUGH B 5851 HOLMBERG ROAD UNIT 3622 PARKLAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/14/01 Daytime Phone # (561) 737-8559

CR2E034 (10/00)