

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90122 012 ***150.00

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

DOCUMENT # P00000013003 1. Entity Name BAHMAN S. AMINI, D.M.D., P.A.					
Principal Place of Business 19601 E COUNTRY CLUB DR #7103 AVENTURA, FL 33180			Mailing Address PO BOX 800331 MIAMI, FL 33280		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 19601 E Country Club Dr Suite, Apt. #, etc. # 7103			
City & State		Aventura FL		4. FEI Number 65-0979602	
Zip		33180		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMINI, BAHMAN S 19601 E COUNTRY CLUB DR #7103 AVENTURA, FL 33180				7. Name and Address of New Registered Agent 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 Agents signature required when registering)					
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 PD NAME AMINI, BAHMAN S STREET ADDRESS 19601 E COUNTRY CLUB DR CITY-ST-ZIP AVENTURA, FL 33180	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME DUNMYER, ERICA STREET ADDRESS 2975 NE 190TH STREET CITY-ST-ZIP AVENTURA, FL 33180	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 registered 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: BAHMAN S Amini SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CP2EC04 (10/02)