

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000019574

1. Entity Name  
FAMILY DENTAL CARE GROUP, INC.

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90049 042 \*\*\*150.00

818009



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6A-1013 W MAIN STREET  
IMMOKALEE FL 34142

6A-1013 W MAIN STREET  
IMMOKALEE FL 34142

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

65-0998855

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

PARMAR, KIRPAL SINGH  
6A-1013 W MAIN STREET  
IMMOKALEE FL 34142

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARMAR, KIRPAL		NAME	PARMAR SARBJEET	
STREET ADDRESS	6A-1013 W MAIN STREET		STREET ADDRESS	6A-1013 W MAIN STREET	
CITY-ST-ZIP	IMMOKALEE FL 34142		CITY-ST-ZIP	IMMOKALEE FL 34142	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-01

Date

Daytime Phone #

CR2E034 (10/00)