

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90355 014 ***158.75

DOCUMENT # P00000044805

1. Entity Name

MOHAMMAD A. SHUAYB, DMD, P.A.

Principal Place of Business

**12900 CORTEZ BLVD., STE. 201
 BROOKSVILLE FL 34613-7808**

Mailing Address

**12900 CORTEZ BLVD., STE. 201
 BROOKSVILLE FL 34613-7808**

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

59-3644097

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

NAPOLITANO, PETER A ESQ

7617 LITTLE RD

NEW PORT RICHEY FL 34654-5525

Name

Mohammad A. Shuayb

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

12900 Cortez Blvd., STE. 201

Brooksville FL

FL

34613-7808

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, 2002 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 ☐ Delete

**D
 SHUAYB, MOHAMMAD A DMD
 12900 CORTEZ BLVD., STE. 201
 BROOKSVILLE FL 34613-7808**

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

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NAME

TITLE ☐ Change ☐ Addition

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 REQUIRED
Mohammad Shuayb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-2002

Date

Daytime Phone #

CR2E034 (9/01)