

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90035 005 ***155.00

DOCUMENT # P00000053264

1. Entity Name
CONTEMPORARY ENDODONTICS INC.

Principal Place of Business
8010 WEST DR., APT. 379
NORTH BAY VILLAGE FL 33141

Mailing Address
8010 WEST DR., APT. 379
NORTH BAY VILLAGE FL 33141

2. Principal Place of Business
PALM BEACH GARDENS

3. Mailing Address
3355 BURNS RD

Suite, Apt. #, etc.
Ste 101

Suite, Apt. #, etc.
Ste 101

City & State
PALM BEACH GARDENS

City & State
PALM BEACH GARDENS, FL

Zip
33410

Country
USA

Zip
33410

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
651018566

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

SLAVESCU, GABRIEL
8010 WEST DR., APT. 379
NORTH BAY VILLAGE FL 33141

Name
GABRIEL SLAVESCU

Street Address (P.O. Box Number is Not Acceptable)
33 BURNS RD, Ste 101

City **PALM BEACH GARDENS FL** Zip Code **33410**

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 *Gabriel Slavesco*

02-15-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OWNER** ☐ Delete
NAME **GABRIEL SLAVESCU**
STREET ADDRESS **3355 BURNS RD. Ste 101**
CITY-ST-ZIP **P.B.G., 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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: *Gabriel Slavesco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01 5616914848

Date Daytime Phone #

CR2E034 (10/00)