2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000058913

1. Entity Name

SMILEY KIDZ DENTAL CARE PA



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90115 002 ***150.00

Principal Place of Business 1749 NE 26 ST SUITE B FORT LAUDERDALE FL 33305			1749 N Suite	Mailing Address 1749 NE 26 ST SUITE B FORT LAUDERDALE FL 33305									
2. Principal F	Place of Busi	ness	3. Maili	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Stat	te		City 8	City & State				4. FEI Number 65-1021909				pplied For lot Applicable	
Zip Country			Zip	Zip Coun				5. Ce	rtificate of Status Desired		\$8.75 Ac		
6. Name and Address of Current Registered Agent						<u></u>		7. Na	me and Address of New F	Registere	d Agent	→ · ₹ - ६ :	
List The Coas		Name											
rific ¥ASAN		DD 4DT 0.0		Street Add			ddress (P.	Iress (P.O. Box Number is Not Acceptable)					
į.		DR., APT. 9-C											
, PURI LAU	JDERDALE	FL 33308											
4										F	L Zip Cod	de	
8. The above	named entit	y submits this stateme	nt for the purpo	se of changing its	registere	ed office or	registere	d agent	, or both, in the State of Fk	orida. Lai	m familiar with	, and accept	
the obligat	ions of regis	tered agent.											
SIGNATURE'.	<u>: ((</u>	17								1-20	1 ~∂S		
in the second	Signature, i	anted name of registered	agent and title if applic	cable. (NOT	E: Registered	Agent signat	re required w	vhen reinst	ating)	DATE			
Affe	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550 o Florida Departme	.00						9. Election Campaign Fin Trust Fund Contribution	_		00 May Be d to Fees	
10.		OFFICERS /	AND DIRECTOR	s _	11.			ADD!	TIONS/CHANGES TO OFF	ICERS A	ND DIRECTOR	RS IN 11	
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	FURI LAU	DENDALE PL 3330	• 			ST-ZIP	F4.	CA	D Ers	22,200			
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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 receiver 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:

SIGNATURE AND THE OR PRINTED NAME OF SIGNATURE OFFICER OR DISECTOR

1-29-03 954-564-1546

Daytime Pho

:R2E034 (10/02)