

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082791

1. Entity Name

WILTON MANORS DENTAL, P.A.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90378 017 ***550.00

0108772

Principal Place of Business

164 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address

164 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

551109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2620 N. Andrews Ave.

3. Mailing Address

2620 N. Andrews Ave.

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Wilton Manors, FL.

City & State

Wilton Manors, FL.

4. FEI Number

65-1038782

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BREAKSPEARE, GILLIAN LORD
9150 SW 87 AVE. #201
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Jacqueline Thompson

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

2620 N. Andrews Ave.,

Suite #2

City

Wilton Manors

FL

Zip Code

33311

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

Jacqueline Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/01

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Conrad V. Hibbert	
STREET ADDRESS	2620 N. Andrews Ave., Suite #2	
CITY-ST-ZIP	Wilton Manors, FL 33311-2510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Conrad V. Hibbert
Conrad V. Hibbert
President

Date

4/25/01

Daytime Phone #

954 567-4660

CR2E034 (10/00)