Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P00000086016 DELRAY DENTURE CENTER. INC. 04-24-2001 90053 002 \*\*\*150.00 Principal Place of Business Mailing Address 14412 SOUTH MILITARY TRAIL 14412 SOUTH MILITARY TRAIL ,**000100** DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address 14400 - 7 - niltary TRIA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Beach FloRIAA 4. FEI Number Applied For 65-104-7502 - Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHOI, FERMIN Street Address (P.O. Box Number is Not Acceptable) 14412 SOUTH MILITARY TRAIL **DELRAY BEACH FL 33445** 8. The above named entity submits this statement for the europes of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CHOI FERNIN TITLE Delete TITLE 14400-7. militarinail NAME CHOI, FERMIN NAME STREET ADDRESS 14412 SOUTH MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33445 TITLE TITLE CHO! MIRIAN NAME NAME STREET ADDRESS STREET ADDRESS Del Ray Beach +133/4 CITYUSTUZIP 10 CITY\_ST-2IP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition 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 li SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR