2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91511 015 ***150.00

DOCUMENT # P00000107121

1. Entity Name
M.B.N. DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
2021 S.W. 38TH AVENUE FT. LAUDERDALE FL 33312	2021 S.W. 38TH AVENUE FT. LAUDERDALE FL 33312

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
820 S. STATE RD 7		820 S. STATE RD 7	
Suite, Apt #, etc. #2		Suite, Apt #, etc. #2	
City & State: PLANTATION, FL		City & State: PLANTATION, FL	
Zip: 33317	Country: BROWARD	Zip: 33317	Country: BROWARD

4. FEI Number 65-1058153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERERZ-FLOWERS, ELIZABETH
2021 S.W. 38TH AVENUE
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 820 S. STATE RD 7 #2
City PLANTATION FL Zip Code 33317

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: PTD NAME: PEREZ-FLOWERS, ELIZABETH STREET ADDRESS: 2021 S.W. 38TH AVENUE CITY-ST-ZIP: FT. LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS: 820 S. STATE RD 7 #2 CITY-ST-ZIP: PLANTATION, FL 33317 ☒ Change ☐ Addition
TITLE: VPSD NAME: FLOWERS, ROBERT STREET ADDRESS: 2021 SW 38 AV CITY-ST-ZIP: FORT LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS: 820 S. STATE RD 7 #2 CITY-ST-ZIP: PLANTATION, FL 33317 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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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: Elizabeth Flowers, DMD 954-327-2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #