2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000002601 **DOCUMENT #**

1. Entity Name



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90162 039 ***150.00

DASSAI	Y & BLOOM,	M.D.S., P.A.											
Principal Place of Business 4302 ALTON RD #850 MIAMI BEACH FL 33140				Mailing Address 4302 ALTON RD #850 MIAMI BEACH FL 33140									
		,									EERIE HAALE E		
2. Principal	Place of Business	3. Mailing Address				····		!			HII 7010 1 HII 1 73 1		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.						☐ CHECK HEBE	E IE MARINO	CHANG	FC		
City & St.	ate	City & State				<u> </u>	CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1067496 Applied For						
Zip Country			Zip Cou			intry		5. Certificate of Status Desired		\$8.75	Not Applicable		
	6. Name and	Address of Current	Register	red Agent				+	.e		Fee Requ		
				ed Agent		Name		7. Na	me and Address of New I	Registered A	gent		
BASSAN			_										
4302 ALTON RD #850				Street			ddress (P	ress (P.O. Box Number is Not Acceptable)					
MIAMI BI	EACH FL 33140				ĺ	-							
					}	City				FL	Zip Co		
8. The above the obligation	e named entity sub ttions of registered	mits this statement for agent.	r the purp	oose of changing its	registere	d office or	registere	d agent	t, or both, in the State of Fl	orida. I am fa	amiliar witi	h, and accept	
SIGNATURE	Signature, typed or print	ed name of registered agent a	-100.7										
			uno une ir api	DIICADIE. (NOTE	:: Registered	Agent signatu	re required w	vhen reinsta	tating)	DATE			
Afte	FILE NOW!!! FE er May 1, 2003 Fe k Payable to Floi	:E IS \$150.00 e will be \$550.00 ida Department of	State						9. Election Campaign Fir Trust Fund Contributio		\$5. Add	00 May Be ed to Fees	
10.		OFFICERS AND [L PRS	11.			ADDIT	TIONS/CHANGES TO OFF	IOEBO AND	DIRECTO	DO 44.44	
TITLE	PD BACCAN ICAA			☐ Delete	TITLE	_		7,0011	TONO/ OF IANGLES TO OFF	·	Change		
NAME Street address City-St-Zip	BASSAN, ISAAI 4302 ALTON RI MIAMI BEACH I	D #850				T ADDRESS					onlingo		
TITLE	SD			☐ Delete	CITY-S	51-ZIP							
NAME	BLOOM, MICHA			□ Detete	NAME	İ					☐ Change	☐ Addition	
STREET ADDRESS	4302 ALTON RI MIAMI BEACH I				STREET	ADDRESS							
TITLE	MINIMI DEACH I	L 3314U			CITY-S	ST-ZIP							
AME	* . .			Delete	TITLE	<u>.</u>					☐ Change	☐ Addition	
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REET ADDRESS	ı				NAME		1				•	_	
TY-ST-ZIP	ίμς -				STREET /	ADDRESS - 71P						ĺ	
2. I hereby ce	ertify that the inform	nation supplied with th	nis filing o	loes not qualify for the	ч		in Sectio	nn 119 f	07(3)(i), Florida Statutes. H	i urthor ====**	. 41- 4 11 .		
of the corp changed, o	or an attachmen or on an attachmen	opiemental report is tri ver of trustee empowi t with an address, with	ue and a ered to e h all othe	ccurate and that my xecute this report as r like emboyered.	signature required	e shall have I by Chapte	e the samer 607, Fl	ne legal lorida St	07(3)(i), Florida Statutes. I t effect as if made under oa tatutes; and that my name	ururer certify ith; that I am appears in B	inal the ir an officer lock 10 or	or director Block 11 if	

SIGNATURE: