

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90110 040 ***550.00

DOCUMENT # P01000057090

1. Entity Name
LAGUNA ISLES DENTAL ASSOCIATES, P.A.

Principal Place of Business

2120 NW 191 AVE
 PEMBROKE PINES FL 33029

Mailing Address

2120 NW 191 AVE
 PEMBROKE PINES FL 33029

2. Principal Place of Business

19551 Sheridan Ave.
 Suite, Apt. #, etc.

3. Mailing Address

19551 SHERIDAN STR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FLORIDA

4. FEI Number

043604225

Applied For

Not Applicable

Zip

33332

Country

U.S.

Zip

33332

Country

U.S.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYED, NIGHAT DR.
 2120 NW 191 AVE
 PEMBROKE PINES FL 33029

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
 NAME SYED, NIGHAT DR.
 STREET ADDRESS 2120 NW 191 AVE
 CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02 954-668-8158
 954-680-5552

CR2E034 (4/02)