

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90396 005 \*\*\*150.00

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**DOCUMENT # P01000057090**

1. Entity Name

LAGUNA ISLES DENTAL ASSOCIATES, P.A.



Principal Place of Business

19551 SHERIDAN AVE  
PEMBROKE PINES FL 33332

Mailing Address

19551 SHERIDAN AVE  
PEMBROKE PINES FL 33332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3604225

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Syed, Nighat Dr.  
Street Address (P.O. Box Number is Not Acceptable)

19551 Sheridan Street

City

Pembroke Pines

FL

Zip Code

33332

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

*Nighat M Syed*

(NOTE: Registered Agent signature required when reinstating)

7-15-03

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME SYED, NIGHAT DR.  
STREET ADDRESS 2120 NW 191 AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nighat M Syed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03

Date

(954) 680-5552

Daytime Phone #

CR2E034 (4/03)