

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90172 002 ***150.00

DOCUMENT # P02000071505 1. Entity Name MORTAZA A. YAMINI, D.D.S., P.A.					
Principal Place of Business 600 N.E. 36TH STREET PH 12 MIAMI, FL 33137			Mailing Address 600 N.E. 36TH STREET PH 12 MIAMI, FL 33137		
<i>Address change</i>					
2. Principal Place of Business 3911 Hollywood Blvd. Suite/Apt. #, etc. 101 City & State Hollywood, Fla. Zip 33021 Country Broward		3. Mailing Address 3911 Hollywood Blvd. Suite/Apt. #, etc. 101 City & State Hollywood, Fla. Zip 33021 Country Broward			
4. FEI Number 14-183-7576				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YAMINI, MORTAZA A 600 N.E. 36TH STREET PH 12 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>[Signature]</i> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when instituting)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YAMINI, MORTAZA A 600 N.E. 36TH STREET PH 12 MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mortaza A. Yamini DDS PA
President

5/1/03 *(954) 967-2525*
(305) 610 3979

CR2E034 (10/02)

Attachment

80122148

#PO 2000071505

Mortaza A. Yamini, DDS

3911 Hollywood Blvd.
Hollywood, Florida 33021

Tel. (954)967-2525
Fax. (954)967-2523
doctoryamini@msn.com

May 22, 2003

Dear sir /madam,

Please change our address from

600 N. E. 36 street ph12

Miami, florida 33137

To the above address in Hollywood. This is going to be the new principle place of business . Due to this change of address we received the documents late, and we had difficulty locating it over the phone with your agent. Please forgive the slight delay.

Sincerely,

Mortaza A. Yamini DDS.

Signature

