

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90279 013 ***150.00

DOCUMENT # P02000085096

1. Entity Name
RONALD E. MOLINARI, DDS, PA



Principal Place of Business
**91750 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

Mailing Address
**P. O. BOX 733
TAVERNIER FL 33070**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

55-0790393

Applied For

Not Applicable

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

**MOLINARI, RONALD E DDS
91750 OVERSEAS HIGHWAY
TAVERNIER FL 33070**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
MOLINARI, RONALD E DDS
91750 OVERSEAS HIGHWAY
TAVERNIER FL 33070** ☐ Delete

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

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MOLINARI, THERESA R
91750 OVERSEAS HIGHWAY
TAVERNIER FL 33070** ☐ Delete

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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] **SIGNATURE REQUIRED** **Ronald E. Molinari**

Date

Daytime Phone #

4/30/03 3058525614

CR2ED34 (10/02)