

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90210 045 ***150.00

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1. Entity Name
ALBERTO FISCHZANG DMD, P.A.

Principal Place of Business
3470 PINEWALK DRIVE NORTH
#225
MARGATE FL 33063

Mailing Address
3470 PINEWALK DRIVE NORTH
#225
MARGATE FL 33063



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
X 1161 WEST ATLANTIC BLW

3. Mailing Address
X 1161 WEST ATLANTIC BLW

Suite, Apt. #, etc.
01

Suite, Apt. #, etc.
01

City & State
CORAL SPRINGS

City & State
CORAL SPRINGS

4. FEI Number
X 320029557

Applied For
Not Applicable

Zip Country
33071 BROWARD

Zip Country
33071 BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

X 7. Name and Address of New Registered Agent

FISCHZANG, ALBERTO
3470 PINEWALK DRIVE NORTH
#225
MARGATE FL 33063

Name: FISCHZANG, ALBERTO

Street Address (P.O. Box Number is Not Acceptable)
1161 WEST ATLANTIC BLW

01

City CORAL SPRINGS FL Zip Code 33071

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]* ALBERTO FISCHZANG D/P

X 01/13/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

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

X 11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D/P	FISCHZANG-LEVY, ALBERTO	3470 PINEWALK DRIVE NORTH	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D/P	FISCHZANG-LEVY, ALBERTO	1161 WEST ATLANTIC BLW. APT #01	CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* ALBERTO FISCHZANG D/P

X 01/13/2003

X (954) 796-1315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)