

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90279 047 ***550.00

DOCUMENT # P23631

1. Entity Name
DARBY DENTAL SUPPLY CO., INC.

Principal Place of Business

**3890 PARK CENTRAL BLVD
POMPANO BEACH FL 33064
US**

Mailing Address

**865 MERRICK AVENUE
WESTBURY NY 11590
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2266492**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**THE PRENTICE HALL CORPORATION SYSTEM INC.
110 N MAGNOLIA ST
SUITE 105
TALLAHASSEE FL 32301**

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 **DC** ☐ Delete
NAME **ASHKIN, MICHAEL**
STREET ADDRESS **3890 PARK CENTRAL BLVD NORTH**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE **P** ☐ Delete
NAME **CAPUTO, MICHAEL**
STREET ADDRESS **865 MERRICK AVENUE**
CITY-ST-ZIP **WESTBURY NY**

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

TITLE **S D** ☐ Delete
NAME **ASHKIN, LAURA**
STREET ADDRESS **865 MERRICK AVE**
CITY-ST-ZIP **WESTBURY NY**

TITLE **Secretary/Director** ☒ Change ☒ Addition
NAME **Laura Kahn**
STREET ADDRESS **865 Merrick Avenue**
CITY-ST-ZIP **Westbury, NY 11590**

TITLE **T** ☐ Delete
NAME **ASHKIN, SHELIA**
STREET ADDRESS **3890 PARK CENTRAL BLVD NORTH**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

TITLE **AS** ☐ Delete
NAME **SORACI, JUSTINA**
STREET ADDRESS **865 MERRICK AVENUE**
CITY-ST-ZIP **WESTBURY NY**

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

TITLE **CEO** ☐ Delete
NAME **ASHKIN, CARL**
STREET ADDRESS **865 MERRICK AVENUE**
CITY-ST-ZIP **WESTBURY NY**

TITLE **Director** ☐ Change ☒ Addition
NAME **Carl Ashkin**
STREET ADDRESS **865 Merrick Avenue**
CITY-ST-ZIP **Westbury, NY 11590**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)