

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90117 038 ***150.00

DOCUMENT # P33053

1. Entity Name

H. MEER DENTAL SUPPLY CO.

Principal Place of Business

Mailing Address

4710 EISENHOWER BLVD
 STE B-1
 TAMPA FL 33634
 US

7277 N. HAGGERTY RD.
 CANTON MI 48187-2452
 US

2. Principal Place of Business

1100 N. FLORIDA MANOR RD

3. Mailing Address

135 DURYE A RD

Suite, Apt. #, etc.

SUITE L

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
W. PALM BEACH FL

City & State
MELVILLE NY

4. FEI Number **38-1941029**

Applied For
 Not Applicable

Zip
33409

Country
U.S.A.

Zip
11747

Country
USA

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

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

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 \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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	CT	<input type="checkbox"/> Delete
NAME	MEER, EDWARD M.	
STREET ADDRESS	1878 PINE RIDGE CT	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MEER, BRIAN	
STREET ADDRESS	3176 W. LONG LAKE RD.	
CITY-ST-ZIP	W. BLOOMFIELD MI	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HANDELSMAN, HERBERT B.	
STREET ADDRESS	1343 FOREST BAY DRIVE	
CITY-ST-ZIP	WATERFORD MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEER, ROBERT	
STREET ADDRESS	15060 BURTON	
CITY-ST-ZIP	OAK PARK MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY BERGMAN	
STREET ADDRESS	135 DURYE A RD	
CITY-ST-ZIP	MELVILLE, NY 11747	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN PALADINO	
STREET ADDRESS	135 DURYE A RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	SECTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL ETTINGER	
STREET ADDRESS	135 DURYE A RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	DIRECTOR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK MLOTEK	
STREET ADDRESS	135 DURYE A RD	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/17/2000

Date

631-843-1500

Daytime Phone #

CR2E034 (9/99)