

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000249

1. Entity Name

DENTAL INSURANCE CONSULTANTS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90040 035 ***150.00

Principal Place of Business

Mailing Address

5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126
US

5775 BLUE LAGOON DRIVE
400
MIAMI FL 33126-2034
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0383593

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

TIE SHUE, HENRY C
5775 BLUE LAGOON DR
SUITE 400
MIAMI FL 33126

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

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	CPD SHAPIRO, STANLEY I 5775 BLUE LAGOON DR, SUITE 400 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREIER, ROBERT G 2800 PONCE DE LEON BLVD, STE 1125 CORAL GABLES FL 33134-6912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD LEVINE, HOWARD 5775 BLUE LAGOON DR, SUITE 400 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERMAN, MARLA I. 5775 BLUE LAGOON DR, SUITE 400 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, MICHAEL A. 50 KENNEDY PLAZA PROVIDENCE RI 02903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILINSKI, SCOTT F. 50 KENNEDY PLAZA PROVIDENCE RI 02903	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOD Shapiro, Stanley I. 5775 Blue Lagoon Dr. #400 Miami, FL. 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Tie Shue, Henry C. 5775 Blue Lagoon Drive #400 Miami, FL. 33126	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 REQUIRED
Stanley I. Shapiro, President & CEO

2/23/00 (305) 262-1333
Date Daytime Phone #

CR2E034 (9/99)