

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027123

1. Entity Name

THE DENTAL SPECIALTY GROUP, P.A.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90873 011 ***150.00

Principal Place of Business

9960 CENTRAL PK BLVD S.
 #301
 BOCA RATON FL 33428

Mailing Address

9960 CENTRAL PK BLVD S.
 #301
 BOCA RATON FL 33428-1760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0414903

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

GREENBERG, JEFFREY L ESQ.
 C/O GREENBURG & SCHILIAN, P.A.
 1761 W. HILLSBORO BLVD- STE 201
 DEERFIELD BCH FL 33442

Name

Jeffrey L. Greenberg

Street Address (P.O. Box Number is Not Acceptable)

4800 N. Federal Highway

Suite 304 D

Boca Raton

FL

Zip Code

33431

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 ☐ Delete
 NAME D
 STREET ADDRESS FUHR, ALLAN H
 CITY-ST-ZIP 3695 BOYNTON BEACH BLVD. STE. 5
 BOYNTON BEACH FL 33436

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9960 Central Park Blvd So, #301
 CITY-ST-ZIP Boca Raton, FL 33428

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Allan H. Fuhr

4/27/00

(561) 852-9966

Date

Daytime Phone #

CR2E034 (9/99)