

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90171 005 ***150.00

DOCUMENT # P93000088140

1. Entity Name
BAYVIEW DENTAL ASSOCIATES, P.A.



Principal Place of Business
**2633 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

Mailing Address
**2633 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**



2. Principal Place of Business

3. Mailing Address

1160 N.W. 100th Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Plantation

City & State

City & State

Florida

Zip

Country

Zip

33322

Country

Broward

4. FEI Number

65-0461148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PORTLEY, PETER A
2211 EAST SAMPLE ROAD
STE 204
LIGHTHOUSE POINT FL 33064**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CARDOUNEL, ALEX**
CITY-ST-ZIP **2633 E. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

8/14/03 (954) 474-8884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment 4

1011146

7930000 88140

BAYVIEW DENTAL ASSOCIATES, P.A.

2633 E. COMMERCIAL BLVD.

FORT LAUDERDALE, FL 33308

(954) 776-4720

(954) 772-0282 (Fax)

FAX COVER SHEET

PERSONAL AND CONFIDENTIAL

PLEASE HAND ROUTE

TO: Florida Dept. of State

FROM: Alex Candouel, D.D.S. President

FAX:

DATE: 8/14/03

PHONE: (550) 488-9000

PAGES: 1

RE: late filing

☒ Urgent
Reply

☐

For Your Review

☐

Please Comment

☒

Please

♦ ♦ ♦ PRIVACY NOTICE ♦ ♦ ♦

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE FEDERAL OR STATE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERY THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

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COMMENTS

Please accept our late filing and check for \$150.00. Our accounts payable service is no longer at the address your records show as mailing address. Please change mailing address to the