

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90039 048 ***150.00

DOCUMENT # **P94000001573**

1. Entity Name

West Boca Dental Associates, P.A.

Principal Place of Business

Mailing Address

**22053 State Road Seven
 Boca Raton FL 33428**

**c/o Gruber And Associates, P.A.
 1650 Southeast 17th Street 301
 Fort Lauderdale FL 33316-1735**

770002

2. Principal Place of Business

22053 State Road Seven

3. Mailing Address

c/o Gruber And Associates, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1650 Southeast 17th Street 301

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0481999

Applied For

Not Applicable

Zip

Country

33428 U.S.

Zip

Country

33316-1735 U.S.

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

**Wasserman, Alan
 c/o Gruber And Associates, P.A.
 1650 Southeast 17th Street, 301
 Fort Lauderdale FL 33316-1735**

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, 2001 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 **President** ☐ Delete
 NAME **WASSERMAN, ALAN**
 STREET ADDRESS **6962 South Grande Drive**
 CITY-ST-ZIP **Boca Raton FL 33433**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

ALAN WASSERMAN 4/30/01 954-5222222

CR2E034 (11/00)