

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90780 015 \*\*\*150.00

**DOCUMENT # P94000002257**

1. Entity Name

**EDWARD R. KIRSH, D.D.S., P.A.**

Principal Place of Business

**ONE SW 129TH AVE  
 SUITE 402  
 PEMBROKE PINES FL 33027**

Mailing Address

**10023 BAY HARBOR TERRACE  
 BAY HARBOR ISLAND FL 33154**

**SAME AS PRINCIPAL**

2. Principal Place of Business

3. Mailing Address

**ONE SW 129TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 402**

City & State

**PEMBROKE PINES FL**

Zip

Country

**33027**

**USA**

4. FEI Number

**65-0458955**

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

**KIRSH, EDWARD  
 8910 DICKENS AVENUE  
 SURFSIDE FL 33154**

Name

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

**ONE SW 129TH AVE**

**SUITE 402**

City

**PEMBROKE PINES, FL**

FL

Zip

**33027**

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

**EDWARD R KIRSH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/19/02**

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, 2002 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 **PST** ☐ Delete  
 NAME **KIRSH, EDWARD R**  
 STREET ADDRESS **10023 BAY HARBOR TERRACE**  
 CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Change ☐ Addition  
 NAME **ONE SW 129TH AVE, SUITE 402**  
 STREET ADDRESS **PEMBROKE PINES, FL 33027**  
 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

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

**3/19/02**

Date

**954-438-4282**

Daytime Phone #

CR2E034 (9/01)