

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90160 011 \*\*\*150.00

**DOCUMENT # P94000002441**

1. Entity Name  
**THOMAS DENTAL ASSOCIATES, INC.**

Principal Place of Business

**14050 NW 7TH AVE  
 MIAMI FL 33168  
 US**

Mailing Address

~~**322 BUCHANAN ST  
 PHC-8  
 HOLLYWOOD FL 33019  
 US**~~

2. Principal Place of Business

3. Mailing Address

**14050 NW 7th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Miami FL 33168**

City & State

City & State

Zip

Country

Zip

Country

**USA**

4. FEI Number

**65-0460023**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KRAKAUER, THOMAS B  
 322 BUCHANAN ST  
 PHC-8  
 HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name

**THOMAS B. KRAKAUER**

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

**14050 NW 7th Ave**

City

**MIAMI**

**FL**

Zip Code

**33168**

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

*[Handwritten Signature]*

**THOMAS B. KRAKAUER**

**1/24/02**

Signature, typed or printed name of registered agent and date, 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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	THOMAS B. KRAKAUER	322 BUCHANAN ST PHC-8	HOLLYWOOD FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	THOMAS B. KRAKAUER	14050 NW 7th Ave	MIAMI FL 33168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*[Handwritten Signature]*  
**President**

**THOMAS B. KRAKAUER**

**1/24/02 (305) 688 7989**

Date

Daytime Phone #

CR2E034 (9/01)