

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030785

1. Entity Name

MARK S. HEIFFERMAN, D.D.S., P.A.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90001 043 ***150.00

Principal Place of Business

5180 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063

Mailing Address

5180 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063

2. Principal Place of Business

9406 NW 72 STREET

3. Mailing Address

9406 NW 72 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FLORIDA

City & State

TAMARAC, FLORIDA

4. FEI Number

65-0483956

Applied For

Not Applicable

Zip

33321

Country

U.S.A.

Zip

33321

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIFFERMAN, MARK S D.D.S.
5180 COCONUT CREEK PARKWAY
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name HEIFFERMAN, MARK S. D.D.S.

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

9406 NW 72 STREET

City TAMARAC

FL

Zip Code 33321

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 Mark S. Heifferman, D.D.S.

MARK S. HEIFFERMAN, D.D.S.

4/8/01

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

TITLE D
NAME HEIFFERMAN, MARK S D.D.S.
STREET ADDRESS 5180 COCONUT CREEK PARKWAY
CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HEIFFERMAN, MARK S D.D.S.
STREET ADDRESS 9406 NW 72 STREET
CITY-ST-ZIP TAMARAC, FLORIDA 33321 ☒ Change ☐ Addition

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

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

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

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

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

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.

MARK S. HEIFFERMAN, D.D.S.

SIGNATURE: Mark S. Heifferman, D.D.S.

4/8/01

(954) 722-0596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0126373