

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064486

1. Entity Name

DENT MAGIC OF SOUTH FLORIDA, INC.

**FILED**  
Feb 26, 2000 8:00 am  
**Secretary of State**

02-26-2000 90004 046 \*\*\*150.00

Principal Place of Business

Mailing Address

277 NORTHWEST 84TH WAY  
CORAL SPRINGS FL 33071

277 NORTHWEST 84TH WAY  
CORAL SPRINGS FL 33060-8056

2. Principal Place of Business

480 S.E. 9TH AVE

3. Mailing Address

480 S.E. 9TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH

City & State

POMPAÑO BEACH

4. FEI Number

65-0523823

Applied For

Not Applicable

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

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

HUGHES, BURTIS E  
277 NORTHWEST 84TH WAY  
CORAL SPRINGS FL 33071

Name

BURTIS E. HUGHES

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

480 S.E. 9TH AVE

City

POMPAÑO BEACH

FL

Zip Code

33060

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HUGHES, BURTIS E	
STREET ADDRESS	277 NORTHWEST 84TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTIS E. HUGHES	
STREET ADDRESS	480 S.E. 9TH AVE	
CITY-ST-ZIP	POMPAÑO BEACH 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-800-730-7254

CR2E034 (9/99)