

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

01-02

FILED

02 JUL -2 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 92775

1. Entity Name

DORIAN Alex, DDS, PA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6420 Melaleuca Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Greenacres FL

City & State

4. FEI Number

105-0522517

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DORIAN ALEX

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

4992 WAVERLY WOODS TER.

City

LAKE WORTH

FL

Zip Code

33463

**DO NOT WRITE  
IN THIS SPACE**

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

Dorian Alex - PRESIDENT

DORIAN ALEX

05.17.02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. PRES OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DORIAN ALEX  
6420 MELALEUCA LANE  
GREENACRES, FL 33463

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

600006334816--7

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\*\*\*\*\*317.50 \*\*\*\*\*317.50

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorian Alex

DORIAN ALEX

05.17.02

561.434.9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)