. 2001	UNIFORM BUSI	NESS REPO	RT (UBR)	 	1 019	
DOCUMENT # P95000010773 Alberto Q. Despaigne, D.D.S., P.A.				FLED	106	
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	e of Business Hallandale Bch. Blvd dale, FL 33009	Mailing Address 1. 2315 NE 1951 Miami, FL		SECRETARY DE ST TALLAHASSEE, FEO	ATE RIDA	
		3. Mailing Address 2518 E. Hallandale Bch, Blv Suite, Apt. #, etc			PBACE	
Suite, Apt. #, etc. City & State		City & State		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For		
		-Hallandale,-F	lorida	- 65-0522006	Not Applicable	
Zφ	Country	Zip 33009	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	Registered Agent	Name	7. Name and Address of New Registered A	Agent	
Alberto Q. Despaigne 2518 E. Hallandale Beach Blvd. Hallandale, FL 33009				Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
8. The above	named entity submits this statement for	tne purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent at	nd tite if applicable. (NOTE	Registered Agent signature reduir	ed when reinstaling) DATE		
			II FEE IS \$150.00 01 Fee will be \$550.00 le to Department of SI		\$5.00 May Be Added to Fees	
11.	OFFICERS AND [DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Alberto Q. Despaigne 2518 E. Hallandale E Hallandale, FL 3300	Sch. Blvd.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004705		
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CITY-ST-ZIP		•	CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filling 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 sustife empowered 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 altrachment with a address, with all other like empowered.

SIGNATURE:

LASHBROOK & WOLLARD, P.A. CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA Brian H. Wollard, CPA David J. Fasano, CPA, MBA Dean R. Lashbrook

Member of the Florida Institute of Certified Public Accountants 4481 Stirling Road Fort Lauderdale, Florida 33314 Telephone: (954) 581-8112 Fax: (954) 581-2554

info@lbrook.com

October 24, 2001

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Alberto Q. Despaigne, D.D.S., P.A. Document # P95000010773

To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. We contacted the State because our client realized he never received the 2001 Uniform Business Report. We believe this is probably due to the fact that the mailing address has changed.

We have indicated the taxpayer's correct mailing address on the 2001 UBR form enclosed. The taxpayer has always filed timely reports prior to this mailing error. We contacted the State and were told to mail a report with a check for \$150.00 immediately. Enclosed please find the report and a check for \$150.00 as requested.

Thank you for your assistance in this matter, and if you should have any questions please contact our office.

Sincerely,

LASHBROOK & WOLLARD, P.A.

David J. Fasano, CPA

for the firm.

DJF/kd Enclosures