

DOCUMENT # P95000021950

1. Entity Name

PETER B. SOBEL, D.D.S., P.A.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90122 018 ***150.00

Principal Place of Business

Mailing Address

1490 WEST 49TH PLACE
SUITE 370
HIALEAH FL 33012

1490 WEST 49TH PLACE
SUITE 370
HIALEAH FL 33014-2242

2. Principal Place of Business

15495 Eagle Nest Ln

Suite, Apt. #, etc.

Suite 110

3. Mailing Address

8625 SW 80 CT.

Suite, Apt. #, etc.

City & State

Miami Lakes, Fla

City & State

Miami, Fla

Zip

33014

Country

USA

Zip

33143

Country

USA

4. FEI Number

65-0565030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOBEL, PETER B.
1490 W 49 PLACE SUITE 370
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

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

8625 SW 80 CT
City Miami

FL

Zip Code

33143

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

1-20-00

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

TITLE
NAME

PSTD
SOBEL, PETER B
1490 WEST 49TH PLACE SUITE 370
HIALEAH FL 33012

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
address

8625 S.W. 80 CT.
Miami, Fla. 33143

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER B. SOBEL

Date

1-10-00

Daytime Phone #

305
698-7550