

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000054164 (5)

1. Corporation Name

DUBLDENT, INC.



Principal Place of Business

2365 N.W. 46TH STREET  
BOCA RATON FL 33431

Mailing Address

2365 N.W. 46TH STREET  
BOCA RATON FL 33431

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

BERMAN, LORI  
2365 N.W. 46TH STREET  
BOCA RATON FL 33431

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

4. FET Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent must be included.

NOTE: Registered Agent signature required when making change.

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|------|----------------|-----------------|---------------------------------|
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
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| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE                  | 1.2 NAME             | 1.3 STREET ADDRESS    | 1.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|----------------------------|----------------------|-----------------------|----------------------|------------------------------------------------------------------------------|
| President & Corp Secretary | Lori Berman          | 2365 N.W. 46th Street | Boca Raton, FL 33431 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| V.P. & Treasurer           | Dr. Jeffrey Chaneles | 2345 N.W. 46th Street | Boca Raton, FL 33431 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.1 TITLE                  | 4.2 NAME             | 4.3 STREET ADDRESS    | 4.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE                  | 5.2 NAME             | 5.3 STREET ADDRESS    | 5.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE                  | 6.2 NAME             | 6.3 STREET ADDRESS    | 6.4 CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lori Berman President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(707)998-0330

CR2E034 (12/95)