

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90001 033 ***550.00

DOCUMENT # P95000082114

1. Entity Name
EVELYN MIRANDA HALEM, D.M.D., P.A.

Principal Place of Business Mailing Address
1309 BARNWOOD PLACE 1309 BARNWOOD PLACE
APOPKA FL 32712 APOPKA FL 32712
US US

2. Principal Place of Business 3. Mailing Address

1405 S. Hawasssee Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite C

City & State City & State

Orlando, FL

Zip Country Zip Country
32835 USA

4. FEI Number **59-3349423** Applied For
 Not Applicable

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

DYMOND, WILLIAM T JR.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	HALEM, EVELYN M
STREET ADDRESS	1309 BARNWOOD PLACE
CITY-ST-ZIP	APOPKA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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: *Evelyn M. Halem* **EVELYN M. HALEM** Date: **8-20-00** Daytime Phone #: **(407) 294-6009**

CR2E034 (5/00)