

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095853

1. Entity Name
JAMES G. CONTOS, DDS., P.A.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90210 037 ***150.00

Principal Place of Business
4300 NORTH UNIVERSITY DRIVE
SUITE A-104
LAUDERHILL FL 33351

Mailing Address
4300 NORTH UNIVERSITY DRIVE
SUITE A-104
LAUDERHILL FL 33351

2. Principal Place of Business

3201 EMERALD POINTE DR.
Suite, Apt. #, etc.
110-B

3. Mailing Address

3201 EMERALD POINTE DRIVE
Suite, Apt. #, etc.
110-B



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL
Zip Country
33021-1353 USA

City & State
HOLLYWOOD, FL 33021
Zip Country
33021-1353 USA

4. FEI Number 65-0627070

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

GREENBAUM, DOUGLAS ESQ.
400 SOUTHEAST EIGHTH STREET
FORT LAUDERDALE FL 33316

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 _____

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	PD CONTOS, JAMES G 4300 N. UNIVERSITY DR., STE. A-104 LAUDERHILL FL 33351 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: JAMES G. CONTOS, PRESIDENT 2-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 954-6467143

CR2E034 (10/00)