

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097858

1. Entity Name

MICHAEL WEINSHALL, D.D.S., M.D., P.A.

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

05-23-2000 90247 013 ***150.00

Principal Place of Business

333 41 ST
 SUITE 722
 MIAMI BEACH FL 33140
 US

Mailing Address

333 41 ST
 SUITE 722
 MIAMI BEACH FL 33156-4438
 US

2. Principal Place of Business

11767 South Dixie Highway

3. Mailing Address

11767 South Dixie Highway

Suite, Apt. #, etc.

#401

Suite, Apt. #, etc.

#401

City & State

MIAMI FL

City & State

MIAMI FL

Zip

#33156

Country

MIAM-DADE

Zip

33156

Country

MIAMI-DA

4. FEI Number

65-0637887

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

WEINSHALL, MICHAEL
 6140 S.W. 104TH STREET
 MIAMI FL 33156-1904

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WEINSHALL, MICHAEL**
 STREET ADDRESS **6140 S.W. 104TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Michael Weinshall
 MICHAEL WEINSHALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

305 673 4344

Daytime Phone #

CR2E034 (9/99)