

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90091 013 ***150.00

DOCUMENT # P96000025382

1. Entity Name
DAVID KATZ, D.D.S., P.A.

Principal Place of Business

6215 N.W. 24TH STREET
BOCA RATON FL 33434

Mailing Address

6215 N.W. 24TH STREET
BOCA RATON FL 33434

2. Principal Place of Business

6179 CALADIVUM RD

3. Mailing Address

6179 CALADIVUM RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number 65-0659230

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

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

KATZ, DAVID
6215 N.W. 24TH STREET
BOCA RATON FL 33434

Name

KATZ, DAVID

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

6179 CALADIVUM RD

City

DELRAY BEACH

FL

Zip Code

33484

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 David Katz DDS PA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/09/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PTS
STREET ADDRESS KATZ, DAVID DDS
CITY-ST-ZIP 6215 NW 24 ST
BOCA RATON FL

TITLE ☒ Change ☐ Addition
NAME PTS
STREET ADDRESS KATZ, DAVID DDS
CITY-ST-ZIP 6179 CALADIVUM RD
DELRAY BEACH, FL. 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

David Katz DDS PA

DAVID KATZ DDS PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/09/01

Daytime Phone #

(561) 637-2250

CR2E034 (10/00)