2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600041141 1. Entity Name DENTIST THE MENACE CORP.

-				((
Principal Pla	ace of Business	Mailing Address		16	フ					
2725 N.E. 25TH PLACE FT. LAUDERDALE FL 33305		2725 N.E. 25TH	2725 N.E. 25TH PLACE FT. LAUDERDALE FL 33305							
		FT. LAUDERDALI								
	·					! 	MI BBHÍ BH	201 11 0.0 1 11011		
2. Principal Place of Business		3. Mailing Addres	ss	<u>-</u>			FAR BURNEY BEA	jur filogi filoli	AMERINIK INDI	
Suite, Ap	ot. #. etc.	Suite, Apt. #, e	to		_		•		·	
		Suite, Apt. #, e	Julio, Fig. 11, Old.		DO NOT WRITE IN THIS SPACE					
City & Sta	City & State		City & State		h54.b/24.31			TIA	pplied For	
Zip Country		_ 							ot Applicable	
Zip	Country	Zip C		untry 5.					8.75 Additional	
	6. Name and Address of Cur	rent Registered Agent	I	_	7	Name and Address of New Regis		ee Require	∌d	
. "			·*	Name		Trainio and Address Of New Negls	ieien A	jeni		
Moore,	KEITH E	}	Street Address (P.O. Box Number is Not Acceptable)							
	E. 25TH PLACE		Sireet Address			(P.O. Box Number is Not Acceptable)				
FT. LAUE	DERDALE FL 33305	•							-	
			-	City				Zip Cod	<u> </u>	
O The char	8. The above named entity submits this statement for the purpose of changing its register						FL			
o. The above	e named entity submits this stateme	ent for the purpose of chan	nging its registered	d office or registe	ered ag	ent, or both, in the State of Florida				
CIONATUDE										
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered	Agent signature require	ed when re	einstating)	DATE			
9. This corp	oration is eligible to satisfy its Intang	gible FILE								
Tax filing requirement and elects to do so.			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00			10. Election Campaign Financing \$5.00 May Be				
(See crite	eria on back)	Make Check	Payable to Dep	partment of Sta	ate	Trust Fund Contribution.	Ц	Added	to Fees	
11.	<u> </u>	AND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR!	3 IN 11	
TITLE	VTM	☐ Dele	te TITLE		-			Change	Addition	
NAME STREET ADDRESS	MOORE, KEITH E 2725 NE 25 PLACE		NAME							
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-S	ADDRESS T-7IP						
TITLE		Dele								
NAME			NAME				L	_ Change	☐ Addition	
STREET ADDRESS			STREET	ADDRESS						
CITY-ST-ZIP			CITY-S	T-ZIP					ĺ	
NAME	managery 1 1 the second of the second	☐ Delet				•		Change	Addition	
STREET ADDRESS			NAME	4220200						
CITY-ST-ZIP			CITY-SI	ADDRESS F-71P						
TITLE		□ Delet								
NAME		Delet	NAME				L] Change	☐ Addition	
STREET ADDRESS	• • •			ADDRESS						
CITY-ST-ZIP	, ,		CITY-ST	- ZIP						
TITLE	•	☐ Deleti	e TITLE		_] Change	Addition	
NAME			NAME				_	-		

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIND SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

7.14.2 984-768(98)
Date Bayline Phone #

☐ Change

☐ Addition

FILED

Jul 18, 2002 8:00 am Secretary of State 07-18-2002 90125 002 ***550.00

CR2E034 (9/01)