

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91502 009 \*\*\*150.00

**DOCUMENT # P96000063749**

1. Entity Name

**SUNSHINE DENTAL SERVICES, INC.**

Principal Place of Business

**C/O BARGAIN CITY  
 1500 UNIVERSITY DR., STE 247  
 CORAL SPRINGS FL 33071**

Mailing Address

**C/O BARGAIN CITY  
 1500 UNIVERSITY DR., STE 247  
 CORAL SPRINGS FL 33071**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1515 UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**SUITE 109**

City & State

**CORAL SPRINGS, FL**

Zip

**33071**

Country

3. Mailing Address

**1515 UNIVERSITY DRIVE**

Suite, Apt. #, etc.

**SUITE 109**

City & State

**CORAL SPRINGS, FL**

Zip

**33071**

Country

4. FEI Number

**65-0690376**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHWARTZ, HOWARD R**

**C/O BARGAIN CITY**

**1500 UNIVERSITY DR., STE 247**

**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

**C/O HOWARD SCHWARTZ**

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

**1515 UNIVERSITY DRIVE**

**SUITE 109**

City

**CORAL SPRINGS**

**FL**

Zip Code

**33071**

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 fee if applicable.

*Howard Schwartz*

*Howard Schwartz*

(NOTE: Registered Agent signature required when reinstating)

*3/12/02*

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, 2002 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 **DP** ☐ Delete  
 NAME **LUU, CLAUDINE**  
 STREET ADDRESS **1500 UNIVERSITY DR., STE 247**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **LUU, CLAUDINE**  
 STREET ADDRESS **1515 UNIVERSITY DRIVE, STE 109**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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

TITLE ☐ Change ☐ Addition  
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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: *X*

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/01/2002 (454) 752-1133**

Date

Daytime Phone #

CR2E034 (9/01)