2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000063779 DOCUMENT

1. Entity Name

JACK H. BRENNER, D.D.S., P.A.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90059 024 ***150.00

Principal Place of Business 6280 SUNSET DRIVE SUITE 401 SOUTH MIAMI FL 33143			Mailing Address 6280 SUNSET DRIVE SUITE 401 SOUTH MIAMI FL 33143						
2. Principal Place of Business		3. Ma	3. Mailing Address						
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			☐ CHECK HERE IF I	MAKING	CHANG	SEQ.
City & S	tate	City	City & State			A FEIN :			
Zip	Country	Zip		Country		4. FEI Number 65-0684436			Not Applicable
· ·		i .		Country	′	5. Certificate of Status Desired	□ .	88.75 ee Req	Additional uired
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Regi	stered A	gent	
AMSTER	AMSTER, STEVEN E					ı			
-	CKELL PLAZA		Street Address			O. Box Number is Not Acceptable)			
SUITE 60	06								
MIAMI FL	. 33131				City			Zip C	Code
8. The above	ve named entity submits this statement	for the purp	ose of changing its re	registered	office or registers	ed agent, or both, in the State of Florida	FL		
the oblig	ations of registered agent.		or or langing no h	cgisicied	omce or registere	o agent, or both, in the State of Florida	. I am fa	miliar wi	th, and accept
SIGNATURE									
	Signature, typed or printed name of registered age	nt and title if app	licable. (NOTE:	Registered Ag	gent signature required w	when reinstating)	DATE		
	FILE NOW!!! FEE IS \$150.00	_				9. Election Campaign Finance			
Make Chec	er May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department	of State				Trust Fund Contribution.	ng 🔲	\$5 Add	.00 May Be ded to Fees
10.	OFFICERS AN	D DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICER	S AND F	DIBECTO	OBS IN 11
TITLE NAME	P BRENNER, JACK H		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		Chang	
STREET ADDRESS	6280 SUNSET DRIVE SUITE 401			NAME STREET A	DDRESS				
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12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-661-5360