

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96 000068968  
1. Entity Name  
CENTER FOR DENTAL SERVICES, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
04-17-2001 90035 028 \*\*\*150.00

Principal Place of Business Mailing Address  
C/O Howard R Schwartz CPA  
1500 University DR Ste 247  
CORAL SPRINGS FL 33071

A0049843

2. Principal Place of Business Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 65-0690374 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Howard R Schwartz  
1500 University DR Ste 247  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent  
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 Howard R Schwartz  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when re-stating) 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, 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  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
LUU, CATHERINE  
1500 University DR Ste 247  
CORAL SPRINGS FL 33071

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.1  
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 CATHERINE LUU 3/29/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date