

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068968

1. Entity Name

CENTER FOR DENTAL SERVICES, INC.

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

05-01-2002 91502 010 ***150.00

Principal Place of Business

C/O HOWARD SCHWARTZ
1500 N. UNIVERSITY DR. STE 247
CORAL SPRINGS FL 33071

Mailing Address

C/O HOWARD SCHWARTZ
1500 N. UNIVERSITY DR. STE 247
CORAL SPRINGS FL 33071

2. Principal Place of Business

1515 UNIVERSITY DRIVE
Suite, Apt. #, etc.
SUITE 109

3. Mailing Address

1515 UNIVERSITY DRIVE
Suite, Apt. #, etc.
SUITE 109

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip
33071

Country

Zip

33071

Country

4. FEI Number

65-0690374

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
1500 UNIVERSITY DR
SUITE 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

Howard R. Schwartz Howard Schwartz

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

(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	<input type="checkbox"/> Delete
NAME	LUU, CATHERINE	
STREET ADDRESS	1500 N. UNIVERSITY DTR STE 247	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1515 UNIVERSITY DRIVE STE 109	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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

Howard R. Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5th 2002

Date

Daytime Phone #