

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072847

1. Entity Name

TAL MORR, D.M.D., P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90091 040 ***150.00

Principal Place of Business

1313 NE 125TH ST.
NORTH MIAMI FL 33161
US

Mailing Address

1765 WEEPING WILLOW WAY
HOLLYWOOD FL 33019-4895
US

2. Principal Place of Business*

20760 W. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

20760 W. Dixie Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach FL

City & State

N. Miami Beach FL

4. FEI Number

65-0705835

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORR, TAL DMD
1765 WEEPING WILLOW WAY
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name TAL MORR, DMD, PA-
Street Address (P.O. Box Number is Not Acceptable)
20760 W. Dixie Hwy
N. Miami Beach FL 33180
City FL Zip Code 33180

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST MORR, TAL 1765 WEEPING WILLOW WAY HOLLYWOOD FL 33019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

Daytime Phone #

CR2E034 (9/99)