

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000097734

1. Entity Name

STEFAN S. ASSAM D.D.S. P.A.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90102 042 ***150.00

Principal Place of Business

4141 N.W. 5TH STREET #102
PLANTATION FL 33317

Mailing Address

4141 N.W. 5TH STREET #102
PLANTATION FL 33317-2158

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0587480

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSAM, STEFAN S D.D.S.
500 S.W. 167 AVE.
FORT LAUDERDALE FL 33326

Name

STEFAN ASSAM DDS

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

4141 NW 5TH STREET #102

City

PLANTATION FL

Zip Code

33317

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

Stefan S. Assam

STEFAN S. ASSAM DDS 3/20/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ASSAM, STEFAN S
CITY-ST-ZIP 500 S.W. 167 AVE.
FORT LAUDERDALE FL 33326

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ASSAM, STEFAN S
CITY-ST-ZIP 4141 NW 5TH STREET #102
PLANTATION, FL 33317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stefan S. Assam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFAN S. ASSAM 3/20/2000

Date

Daytime Phone #

(954) 791-1220