

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90371 031 ***150.00

DOCUMENT # P96000097734

1. Entity Name

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

Principal Place of Business

**6905 WEST BROWARD BLVD.
 SUITE 101
 PLANTATION FL 33317**

Mailing Address

**6905 WEST BROWARD BLVD.
 SUITE 101
 PLANTATION FL 33317**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0587480

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ASSAM, STEFAN S D.D.S.
 4141 NW 5 STREET #102
 FORT LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name **ASSAM, STEFAN S D.D.S.**
 Street Address (P.O. Box Number is Not Acceptable)
6905 W. BROWARD BLVD
SUITE 101
 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 *Stefan S. Assam*
 Signature, typed or printed name of registered agent and title if applicable

**Stefan S. Assam, DDS PA
 6905 W. Broward Blvd. #101
 Plantation, FL 33317**

4/8/02
 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 **D** ☒ Delete
 NAME **ASSAM, STEFAN S**
 STREET ADDRESS **4141 NW 5 STREET #102**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33317**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **ASSAM, STEFAN S**
 STREET ADDRESS **6905 W. BROWARD BLVD 33317**
 CITY-ST-ZIP **SUITE 101 PLANTATION, FL**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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, DDS PA
 6905 W. Broward Blvd. #101
 Plantation, FL 33317**

4/8/02 **(954) 641-0414**
 Date Daytime Phone #

CR2E034 (9/01)