

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000026673****1. Entity Name**
SAMUEL DENTAL STUDIO, INC.**Principal Place of Business**
1461 NW 72 AVE.
PLANTATION FL 33313-5339**Mailing Address**
1461 NW 72 AVE.
PLANTATION FL 33313-5339**FILED**
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90053 041 ***150.00

0064786
AV

DO NOT WRITE IN THIS SPACE

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**65-0738326**

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****SAMUEL, JOSEPH**
1461 NW 72 AVE.
PLANTATION FL 33313-5339

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**

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00****After September 12, 2001 Fee will be \$750.00
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** **P** ☐ Delete
NAME **SAMUEL, JOSEPH**
STREET ADDRESS **1461 NW 72 AVE.**
CITY-ST-ZIP **PLANTATION FL 33313****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** ☐ 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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR09/10/01
Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P97000026673
B0664308

Samuel Dental Studio
1461 N.W. 72 Ave
Plantation, FL 33313

September 05, 01

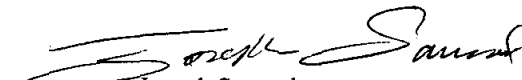
Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

Please note that this is the second year in a row, that we did not receive the initial registration for our corporation. Please make sure that you have the correct address. we did call to inform your office about this matter and was advised to write a letter.

Enclosed please find a check for the amount of \$150.00. Thank you for your cooperation.

Respectfully


Joseph Samuel