

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057049

1. Entity Name

PLANTATION DENTAL ASSOCIATES, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90076 030 ***150.00

Principal Place of Business

Mailing Address

7890 PETERS ROAD STE G-106
 PLANTATION FL 33324

7890 PETERS ROAD STE G-106
 PLANTATION FL 33324-4028

2. Principal Place of Business

10080 NW 1ST COURT

3. Mailing Address

10080 NW 1ST COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0765324

Applied For

Not Applicable

Zip

33324

Country

Zip

33324

Country

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

LEIBOWITZ, JAYSON
 7890 PETERS ROAD STE G-106
 PLANTATION FL 33324

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 \$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 LEIBOWITZ, JAYSON
 CITY-ST-ZIP 7890 PETERS ROAD STE G-106
 PLANTATION FL 33324

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAYSON B. LEIBOWITZ

2-24-00

Date

954-474-8571

Daytime Phone #

CR2E034 (9/99)