

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006447

1. Entity Name
HAPPY FACE DENTAL CLINIC, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 25 PM 3:53

Principal Place of Business 2001 N. UNIVERSITY DRIVE SUITE 208 PEMBROKE PINES FL 33024	Mailing Address 2001 N. UNIVERSITY DRIVE SUITE 208 PEMBROKE PINES FL 33024
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2. Principal Place of Business	3. Mailing Address
State Apt # etc	State Apt # etc
City & State	City & State

DO NOT WRITE IN THIS SPACE
02-21-02 90155 018 \$150.00

4. FCI Number 65-0804441	Applied For NOI Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAPUR, CESAR A 2001 N. UNIVERSITY DRIVE SUITE 208 PEMBROKE PINES FL 33024	7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The agent for ~~the corporation~~ is registered for the purpose of changing is registered office or registered agent, or both, in the State of Florida.
SIGNATURE _____ DATE _____

9. This corporation is eligible to qualify as a corporation <input type="checkbox"/>	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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 11)	
11.1 Name: PSTD STREET ADDRESS: TAPUR, CESAR A CITY, ST, ZIP: 8664 S.W. 3RD STREET, #208 PEMBROKE PINES FL 33025	<input type="checkbox"/> Change	12.1 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change	12.2 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.3 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change	12.3 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.4 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change	12.4 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change	12.5 Name: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten signature/initials

13. I hereby certify that the information supplied with this filing is true and correct for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information is true and correct for the exemption stated in Section 119.07(3)(c), Florida Statutes. I have the authority to sign this report as I am an officer or director of the corporation. The signature inside of parentheses in this report is required by Chapter 607, Florida Statutes, and that my name appears in block 11 or block 12 of this report.

SIGNATURE: _____ DATE: _____

CRF 034 (9/01)