

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020967

1. Entity Name

DATS, PALM BEACH, INC.

Principal Place of Business

5329 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484

Mailing Address

5329 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0377289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIDMAN, SHELDON
7601 VENTURA LANE
PARKLAND FL 33067

7. Name and Address of New Registered Agent

Name

MARK HERMAN

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

5329 WEST ATLANTIC AVE.

City

DELRAY BEACH

FL

Zip Code

33484

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 13, 2000 Min. 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEIDMAN, SHELDON	
STREET ADDRESS	7601 VENTURA LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEIDMAN, RANDY	
STREET ADDRESS	7601 VENTURA LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MARK HERMAN	
STREET ADDRESS	5329 WEST ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200003420692--8
STREET ADDRESS	-10/10/00--01085--012
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LS
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 DIRECTOR

Date

Daytime Phone #

FILED

00 OCT -2 PM 1:02

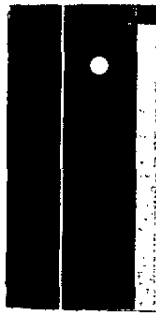
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

202



DATS of Palm Beach

DENTAL ASSISTANT TRAINING SCHOOL

5329 W. Atlantic Blvd. Ste. 201

Delray Beach FL 33484

9-28-00

Division of Corporations
UBR

PO Box 6327

Tallahassee, Fl. 32314

To Whom it May Concern:

I AM the new owner of DATS/PALM
Beach Inc. which I purchased from Sheldon
SEIDMAN in 1999.

Correspondance About this MATTER was
Automatically forwarded to the previous owner
AND I JUST received the form. I was told by
your department that the corporation needed
to be re-instated, however, since I just received
this form today and per telephone conversation
with your Agency, I AM submitting the \$150. fee
with the hope that I will not be charged the
late fee.

Thank you for your consideration

MARK A HERMAN DMD