

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025256

1. Entity Name

SAKR DENTAL ARTS, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90021 001 ***150.00

Principal Place of Business

Mailing Address

601 EXECUTIVE DR
WINTER PARK FL 32789
US

601 EXECUTIVE DR
WINTER PARK FL 32789-2970
US

2. Principal Place of Business

903 Waybourne Way

3. Mailing Address

903 Waybourne Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

4. FEI Number

59-3501477

Applied For

Not Applicable

Zip

32746

Country

US

Zip

32746

Country

US

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

NISI, FRANK P JR
918 ORANGE AVE
WINTER PARK FL 32789

Name

Dany S. Nisi

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

903 Waybourne Way

City

Lake Mary

FL

Zip Code

32746

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	D	<input type="checkbox"/> Delete
NAME	SAKR, DANY	
STREET ADDRESS	601 EXECUTIVE DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAKR DANY	
STREET ADDRESS	903 Waybourne Way	
CITY-ST-ZIP	Lake Mary FL 32746	
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		

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:

DANY SAKR

President

3-6-00

Date

(407) 897-6111

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)