

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90655 007 ***158.75

DOCUMENT # **P98000043044** ✓

1. Entity Name

SYSTEM DENTAL, CORP.

Principal Place of Business

Mailing Address

**2500 W. COMMERCIAL BLVD
TAMARAC, FL 33309-2945**

SAME ADDRESS

2. Principal Place of Business

106 COLLY WAY

3. Mailing Address

106 COLLY WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE

City & State

NORTH LAUDERDALE

4. FEI Number

65-0886877

Applied For

Not Applicable

Zip

33309-2945

Country

U.S.A.

Zip

33309-2945

Country

U.S.A.

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

**LEAL, SERGIO LUIS
2500 W. COMMERCIAL BLVD
TAMARAC, FL 33309-2945**

Name
LEAL, SERGIO LUIS

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

106 COLLY WAY

City

NORTH LAUDERDALE

FL

Zip Code

33068

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, 2001 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 **PD** ☐ Delete
NAME **LEAL, SERGIO LUIS**
STREET ADDRESS **2500 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC, FL 33309-2945**

TITLE **PD** ☒ Change ☐ Addition
NAME **LEAL, SERGIO LUIS**
STREET ADDRESS **106 COLLY WAY**
CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE **VD** ☐ Delete
NAME **LEAL, GENY GAC**
STREET ADDRESS **2500 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC, FL 33309-2945**

TITLE **VD** ☒ Change ☐ Addition
NAME **LEAL, GENY GAC**
STREET ADDRESS **106 COLLY WAY**
CITY-ST-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

03/13/01 (954) 973-2727

CR2E034 (11/00)