## I INCHIA IL MANAGEMENTA DI CONTRA MANAGEMENTA IL INCHIA IL INCIA IL INCIA

## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000087378

1. Entity Name

DENTAL DISCOUNT CENTER, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90050 030 \*\*\*150.00

						02-	05-2000 90050	J 030 ***	150.00	
Principal Place of Business Mailing Address					<u> </u>					
3402 S.W. 26TH TERRACE #8-8 DANIA FL 33312		3402 S.W. 26TH TERRACE #B-8 DANIA FL 33312-5071			ſ					
						) ( <b>38</b> )(3 <b>3</b> ) ()	<b>1 (4)6</b> 1 (4)34 <b>13</b> 44 <b>13</b> 44)	<b>15:</b>	. : <b>: : : : :</b> : : : : : : : : : : : : :	<b>18</b> 1 (81) (86)
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	El Number	65-0934146	3		plied For
Zip	Country	Zip Count		ry 5. Certific		Certificate of	f Status Desired		\$8.75 Add	
	6. Name and Address of Current F	Registered Agent			7. N	lame and A	ddress of New Re	gistered A	gent	·
	<del></del>			Name						
COHEN, ALAN S 3402 S.W. 26TH TERRACE #B8			-	Street Addr	ress (P.O. Bo	ox Number	is Not Acceptable)			
DANI	A FL 33312									
			f	City				FL	Zip Code	9
8. The above	named entity submits this statement for	the purpose of changing its r	registered	d office or reg	gistered age	ent, or both,	in the State of Flo	rida.		
SIGNATURE _				·	<del></del>			DATE		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered	Agent signature re	equired when re	einstating)		UAIE		
Tax filing re	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Str				1	tion Campaign Fina Fund Contribution			<b>0</b> May Be i to Fees
11.	OFFICERS AND I		12.			DITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE	P	☐ Delete	TITLE			<u> </u>	, , , , , , , , , , , , , , , , , , ,		☐ Change	
NAME	COHEN, ALAN		NAME	İ			•			
STREET ADDRESS CITY-ST-ZIP	3402 S.W. TERRACE #B-8 DANIA FL 33312		STREE	T ADDRESS						
TITLE	DANIA FL 33312		TITLE	<del></del>	<del></del> -				Change	Additic
NAME		L) Delete	NAME							
STREET ADDRESS		The second secon	STREE	T ADDRESS			and the second			_
CITY-ST-ZIP			CITY-S	ST-ZIP						
TITLE		☐ Delete	TITLE						Change	Additio 🔲
NAME	•		NAME						÷	
STREET ADDRESS				T ADDRESS   ST-ZIP						
CITY-ST-ZIP				51-2IF	, <del></del> -				[7] Change	
TITLE	•,	☐ Delete	TITLE NAME	}					Change	☐ Additic
NAME STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
TITLE		Delete	TITLE						Change	Additic
NAME			NAME	1					-	
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Additic Additic
NAME			NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			-JL	ST-ZIP						
<b>13.</b> I hereby dindicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exem	nption stated ure shall have	in Section the same l	119.07(3)(i) legal effect	, Fiorida Statutes. I as if made under d	rurther cert eath; that I a	ıry tnat the ir m an officer	normation or director

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 receive 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 in 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

2/2/00 (954)583.544