

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097916

1. Entity Name

HERMAN DENTAL ENTERPRISES, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90351 027 ***150.00

Principal Place of Business

4746 S. OCEAN BLVD
HIGHLAND BEACH FL 33487

Mailing Address

4746 S. OCEAN BLVD
HIGHLAND BEACH FL 33487

2. Principal Place of Business

6702 N University Dr
Suite, Apt. #, etc.

3. Mailing Address

6702 N University Dr
Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

4. FEI Number

65-0897840

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITTELBERG, BARRY S
2417 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE PT
NAME HERMAN, SAUL H
STREET ADDRESS 4746 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33487

☒ Delete

TITLE S
NAME HERMAN, MARCIA H
STREET ADDRESS 4746 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33487

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME HERMAN Joseph L
STREET ADDRESS 6702 University DR N
CITY-ST-ZIP TAMARAC FL 33321

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-01

954-722-7711

CR2E034 (10/00)