

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106487

1. Entity Name

SUNSHINE MEDICAL & DENTAL SUPPLIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90311 007 ***158.75

Principal Place of Business

Mailing Address

%1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

%1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sunrise, Florida

4. FEI Number

65-0883115

Applied For

Not Applicable

Zip

Country

Zip

Country

33345

USA

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

SILVERS, ROBERT H

%1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154

Name

Frederick B Gomer

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

1140 Kane Concourse, 5th Floor

City

Bay Harbor Islands, FL

Zip Code

33154

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

Frederick B Gomer Secy-Treas

4/28/00

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

TITLE

D

NAME

SPELIOS, LOUIS G

STREET ADDRESS

%1140 KANE CONCOURSE FIFTH FLOOR

CITY-ST-ZIP

BAY HARBOR ISLANDS FL 33154

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

President

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President
Marc Glickman
211 NW 5 Ave
Hallandale, FL 33009

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secy-Treas
Frederick B Gomer
3301 NW 9th Terrace
Sunrise, FL 33351

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE:

Frederick B Gomer Secy-Treas

Date

Daytime Phone #

4/28/00

954-457-4848

CR2E034 (9/99)