

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000007967**

1. Entity Name

Shrager & Shrager DDS PA

FILED

01 DEC 20 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Shrager Dental
5190 NW 167th St.
#216
MIAMI, FL 33014

Mailing Address
Shrager Dental
5190 NW 167th Street #216
MIAMI, FLORIDA 33014

2. Principal Place of Business
5190 NW 167th street
Suite, Apt. #, etc.
#216

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami FLORIDA

City & State

4. FEI Number (if)
593550532

Applied For
☐ Not Applicable

Zip
33014

Country
USA

Zip

Country

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

JOSEPH A. SHRAGER
5190 NW 167th street #216
MIAMI, FLORIDA 33014

Name
JOSEPH A. SHRAGER
Street Address (P.O. Box Number is Not Acceptable)
5190 NW 167th street #216
City
MIAMI FL Zip Code
33014

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

Joseph A. Shrager
Signature, typed or printed name of registered agent and its if applicable

(NOTE: Registered Agent signature required when resigning)

11/13/01
DATE

9. This corporation is eligible to satisfy its Intangible
Tax (filing requirement and elects to do so.
(See article on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
President - Principal ☐ Delete
NAME
JOSEPH A. SHRAGER
STREET ADDRESS
5190 NW 167th Street #216
CITY-ST-ZIP
MIAMI FL 33014

TITLE
Alla Alexis Shrager ☒ Delete
NAME
Alla Alexis Shrager
STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 ☐ Change ☐ Addition
NAME
300004880499
STREET ADDRESS
-02/05/02--01057--00
CITY-ST-ZIP
******450.00 ****450**

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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)(f), 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:

Joseph A. Shrager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/01
Date

Daytime Phone #

11/13/01
01:59 PM
DEC 20 2001

WDI-28082

1999-2001 UBR

trial
copy

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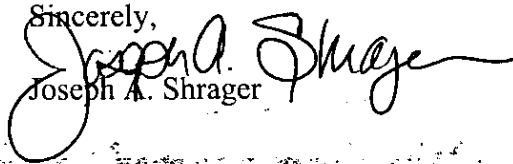
Joseph A. Shrager
Re: Shrager & Shrager DDS PA
5190 NW 167th Street
#216
Miami, Florida 33014

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom this may concern:

As per our Conversation on November 8, 2001 an agent of the Corporation's department suggested that I should provide a copy of a blank Uniform Business Report since I have not received in the past 3 years any form which could enable me to update the presently inactivated Corporation.. Enclosed you will find a check for \$450 for the three years that I did not receive a report.

Sincerely,


Joseph A. Shrager

12/18/01

Register & agent is now properly recorded.

