1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

99 01

DOCUMENT # P98000007967

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Shrager & Shrager DDS PA

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

W01-28082

1999-2001 UBR

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5190 NW 167th street	Same
Suite, Apt. #, etc. #216	Suite, Apt. #, etc.
City & State Miami FLORIDA	City & State
Zip 33014 / Country USA	Zip / Country

4. FEI Number 59-3552532 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 [signature] 11/13/01

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) ☐

[redacted]

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 President - Principal NAME JOSEPH A. SHRAGER STREET ADDRESS 5190 NW 167th Street #216 CITY-ST-ZIP MIAMI FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 900004880499--2 -02/05/02--01057--003 ****450.00 ****450.00
TITLE NAME Alla Alexis Shrager STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

CR2E031 (11/00)

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] 11/13/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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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 Registered agent is now properly recorded. JP