

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/6/00-90039-016-\$150.00-\$150.00  
 \* 1/19/00-90119-022-\$150.00-\$150.00

DOCUMENT # **P99 000003144**

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Entity Name

**SORIN DIMITRIU DDS, P.A.**

Principal Place of Business

Mailing Address

**1500 E. HILLSBORO BLVD., SUITE 208  
 DEERFIELD BEACH, FL. 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**650 888 778**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SORIN DIMITRIU DDS, PA  
 1500 E. Hillsboro Blvd, Ste. #208  
 Deerfield Beach, FL. 33441**

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 reconstituting)

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

**SORIN DIMITRIU DDS, PA**  
**1500 E. Hillsboro Blvd. Ste #208**  
**Deerfield Beach, FL. 33441**

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

**SORIN DIMITRIU DDS, PA**

Date

**3/29/00**

Daytime Phone #

**(954) 420-0551**

CR2E034 (9/99)

**KE**