## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P99000008127 **DOCUMENT#**

1. Entity Name

HARVEY D. MOSKOWITZ DMD PA



**FILED** Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90074 037 \*\*\*150.00

Principal Place of Business 9016 HARDING AVE. SURFSIDE FL 33154		Mailing Address 9016 HARDING AVE. SURFSIDE FL 33154							8)
2. Principal F	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number	65-0925402		Applied For Not Applicable
Zip	Country		p Country			5. Certificate of		Fee Requ	Additional uired
6. Name and Address of Current Register						7. Name and Address of New Registered Agent			
				Name	•				
	itz, harvey Ding ave.		Street Address			(P.O. Box Number is Not Acceptable)			
SURFSIDE FL 33154									
				City				FL Zip C	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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Reg	gistered Agent signature	e required v	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					7.1	<b>I</b>	ion Campaign Finan Fund Contribution.		5.00 May Be ded to Fees
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CH	HANGES TO OFFICE	ERS AND DIRECT	ORS IN 11
TITLE NAME: STREET ADDRESS CITY-ST-ZIP	DMD MOSKOWITZ, HARVEY 9016 HARDING AVE SURFSIDE FL 33154	Е	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chan	ge 🔲 Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like emp

**SIGNATURE:** 

Date

Daytime Phone #