

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -6 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037621

1. Entity Name

Sunset Lakes Dental and Orthodontic
Center, P.A.

DO NOT WRITE IN THIS SPACE

800023526418
10/03/03--01011--017 **300.00

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

02-03

2. Principal Place of Business

12651 W. Sunrise Blvd.

Suite, Apt. #, etc.

200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Zip

33323

Country

BROWARD

Zip

Country

4. FEI Number

650919229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis S. Sevel

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

12651 W. Sunrise Blvd.

Suite 200

City

Sunrise

FL

Zip Code

33323

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 reinstating)

DATE

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

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
president
Dennis S. Sevel
12651 W. Sunrise Blvd # 200
SUNRISE, FLORIDA 33323

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DENNIS S. SEVEL D.D.S. 9/17/03

(954) 8467000

Sunset Lakes Dental and Orthodontic Center, P.A.

12651 W. Sunrise Blvd., Suite 200

Sunrise, FL 33323

(954) 846-7000

September 22, 2003

Glenda E. Hood
Secretary of State

Re: Sunset Lakes Dental and Orthodontic Center, P.A.
Document Number P99000037621

Dear Ms. Hood,

Please accept the enclosed check for \$300.00 as payment for the years 2002 and 2003 for the Uniform Business Report of the above referenced corporation.

I never received the 2002 report because I was not doing business at the address stated on the original form. Everything pertaining to Sunset Lakes Dental and Orthodontic Center, P. A. is mailed to the Sunrise address, even though it is not the location of the business.

I had sold the assets of Sawgrass Dental Center, Inc. (Document Number P95000005432) and moved out in October 2001. Ultimately, I took back the business in November 2002, moving back into the same location. During this time period I had not been given any correspondence and did not receive the final dissolution notice.

Thank you for your consideration regarding this matter.

Sincerely,



Dennis S. Sevel, DDS