

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000038447**1. Entity Name
MILANI & ASSOCIATES DENTAL, P.A.

Principal Place of Business

7041 MIAMI LAKEWAY SOUTH

MIAMI LAKES FL 33014

Mailing Address

7041 MIAMI LAKEWAY SOUTH

MIAMI LAKES FL 33014

2. Principal Place of Business

2575 SW 158 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2575 SW 158 AVENUE

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip
33027Country
US

City & State

MIRAMAR FL

Zip
33027Country
US

4. FEI Number

65-0915609

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILANI MASOUDREZA A
7041 MIAMI LAKEWAY S

MIAMI LAKES FL 33014 US

7. Name and Address of New Registered Agent

Name

MILANI MASOUDREZA A

Street Address (P.O. Box Number is Not Acceptable)
2575 SW 158 AVENUECity
MIRAMAR

FL

Zip Code
33027

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 **MASOUDREZA A. MILANI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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, 2001 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 P ☐ Delete
NAME MILANI MASOUDREZA A
STREET ADDRESS 7900 NW 27 AVE, STE 296
CITY-ST-ZIP MIAMI FL 33147TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME MILANI MASOUDREZA A
STREET ADDRESS 2575 SW 158 AVENUE
CITY-ST-ZIP MIRAMAR FL 33027TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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: **Masoudreza A. Milani**

P

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)