

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041656

1. Entity Name

A THOUSAND SMILES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90043 038 ***158.75

Principal Place of Business

16682 ROYAL POINCIANA DR
WESTON FL 33326

Mailing Address

16682 ROYAL POINCIANA DR
WESTON FL 33326-1572

2. Principal Place of Business

11850 W. SR84

3. Mailing Address

16682 Royal Poinciana Dr.

Suite, Apt. #, etc.

A-13 + 14.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie, FL.

City & State

Weston, FL.

4. FEI Number

05-0933117

Applied For

Not Applicable

Zip

Country

33325

Florida

Zip

Country

33326

Florida

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGGINGS, IVY G
7481 SW 8 STREET
MIAMI FL 33144-4547

Name

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

16682 Royal Poinciana Dr.

City

Weston

FL

Zip Code

33326

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HIGGINGS, IVY G
CITY-ST-ZIP 16682 ROYAL POINCIANA DR
WESTON FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DOMINGUEZ, ELENA
CITY-ST-ZIP 16682 ROYAL POINCIANA DR
WESTON FL 33326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/05/00 (954) 4230089

CR2E034 (9/99)