

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046070

1. Entity Name

AMIR N. FARHANGPOUR, D.D.S., P.A.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90093 043 ***150.00

Principal Place of Business

Mailing Address

12172 SAINT ANDREWS PL. #307
 MIRAMAR FL 33025

12172 SAINT ANDREWS PL. #307
 MIRAMAR FL 33025-0756

L0001430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6971 W. SUNRISE BLVD.

6971 W. SUNRISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

101

101

City & State

City & State

PLANTATION, FL

PLANTATION, FL

4. FEI Number

Applied For

65-0924768

Not Applicable

Zip

Country

Zip

Country

33313

USA

33313

USA

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

MACINTER CORPORATION
 15279 NW 7 STREET
 PEMBROKE PINES FL 33028

Name FARHANGPOUR, AMIR N

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

12172 SAINT ANDREWS PL #307

City MIRAMAR

FL

Zip Code 33025

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4-24-00

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 PD
 NAME FARHANGPOUR, AMIR N
 STREET ADDRESS 12172 SAINT ANDREWS PL. #307
 CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 4-24-00 (954) 791-6666

CR2E034 (9/99)