

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000047379**

1. Entity Name  
**HOWARD R. CUNNINGHAM, D.D.S., P.A.**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90298 038 \*\*\*150.00

Principal Place of Business  
**2116 N.E. 68TH STREET**  
**FT. LAUDERDALE FL 33308**  
**HOWARD R CUNNINGHAM DDS**  
**OAKLAND PARK DENTAL**  
**2020 E. OAKLAND PARK BLVD.**  
**FT. LAUDERDALE FL 33308**

Mailing Address  
**2116 N.E. 68TH STREET**  
**FT. LAUDERDALE FL 33308**  
**HOWARD R CUNNINGHAM DDS**  
**OAKLAND PARK DENTAL**  
**2020 E. OAKLAND PARK BLVD.**  
**FT. LAUDERDALE FL 33308**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0923653</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>BROTMAN, SUSAN J P.A.</b> <b>2424 NORTH FEDERAL HIGHWAY</b> <b>SUITE 314</b> <b>BOCA RATON FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUNNINGHAM, HOWARD R D.D.S.</b> <b>2116 N.E. 68TH STREET</b> <b>FT. LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 3-28-01**

CR2E034 (10/00)