2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am DOCÚMENT # P99000056818 1. Entity Name **Secretary of State** M AND J TOOTH INC. 01-29-2001 90097 032 ***150.00 Principal Place of Business Mailing Address 1019 S. UNIVERSITY DRIVE 1019 S. UNIVERSITY DRIVE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address BRADBOCK PLACE 22135 GHADDOCK 22135 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0940019 Not Applicable Country M5A \$8.75 Additional 5. Certificate of Status Desired M 5.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHELLE HANDEL DMD HANDEL, MICHELLE DMD Address (P.A. Box Number is Not Acceptable) 1019 S. UNIVERSITY DRIVE PLANTATION FL 33324 Zip Code 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 Z nature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change Addition TITLE HANDER, MI CHELLE, 5. HANDEL, MICHELLE S NAME NAME 22135 BRADOUG PLACE 1019 S. UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GOLA KATON, FL 33418 CITY-ST-ZIP PLANTATION FL 33324 M Change ☐ Addition TITLE Delete TITLE NAME HERMAN, JOSEPH L NAME STREET ADDRESS 6702 N. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMARAC FL 33321. ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS 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.