

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90274 025 ***150.00

0350024 AV

DOCUMENT # P99000061128

1. Entity Name
DENTAL DESIGNERS, INC.



Principal Place of Business
4320 W BROWARD BLVD
#3
PLANTATION FL 33317
US

Mailing Address
4320 W BROWARD BLVD
#3
PLANTATION FL 33317
US



2. Principal Place of Business
2701 EXECUTIVE PARK DRIVE

3. Mailing Address
2701 EXECUTIVE PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 3

SUITE # 3

City & State

City & State

WESTON, FL

WESTON, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0932508**

Applied For
Not Applicable

Zip **33331**

Country **U.S.**

Zip **33331**

Country **U.S.**

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

BANOS, JOSE L
4320 W BROWARD BLVD
STE #3
PLANTATION FL 33317

Name
BANOS, JOSE L
Street Address (P.O. Box Number is Not Acceptable)
2701 EXECUTIVE PARK DRIVE
SUITE # 3
City
WESTON, FL Zip Code
33331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BANOS, JOSE F**
STREET ADDRESS **1265 CHENILLE CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **D** ☒ Change ☐ Addition
NAME **BANOS, JOSE L**
STREET ADDRESS **2701 EXECUTIVE PARK DRIVE SUITE # 3**
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date Daytime Phone #

CR2E034 (10/02)