2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Aug 08, 2000 8:00 am
Secretary of State
07-17-2000 90009 025 ***550.00

DOCUMENT # P99000062567

1. Entity Name
NAPLES DENTAL ART CENTER INC. ✓ R

Principal Place of Business	Mailing Address
3235 LA COSTA CIRCLE, #105 NAPLES FL 34105	3235 LA COSTA CIRCLE, #105 NAPLES FL 34105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4325 N. tamiami trail Suite, Apt. #, etc.	4325 North tamiami trail Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples FL
Zip: 34103 Country: Collier	Zip: 34103 Country:

4. FEI Number: 522185161 ☐ Applied For ☐ Not Applicable

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
EETESSAM, ALI M 3235 LA COSTA CIRCLE, #105 NAPLES FL 34105	Name: Eetessam, Ali, M. Street Address (P.O. Box Number is Not Acceptable): 4325 North tamiami trail City: Naples FL Zip Code: 34103

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 _____ 7.2.00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D EETESSAM, ALI M 3235 LA COSTA CIRCLE, ~~#105~~ 306 NAPLES FL 34105	☐ Delete	D Eetessam, Ali, M 3235 La Costa circle APT 306 Naples FL 34105	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EETESSAM, JOHN J 3235 LA COSTA CIRCLE, ~~#105~~ 306 NAPLES FL 34105	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (5/00)

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: _____ 7.2.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #