

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
 03-26-2001 90020 044 ***150.00

DOCUMENT # P99000064360

1. Entity Name
DENTAL MAX USA, INC.

Principal Place of Business Mailing Address
3700 SOUTH OCEAN BLVD **3700 SOUTH OCEAN BLVD**
SUITE 1706 **SUITE 1706**
HIGHLAND BEACH FL 33487 **HIGHLAND BEACH FL 33487**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

PARKOFF, MICHAEL
23271 COSTA DEL SOL BLVD
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **PARKOFF, MICHAEL**
 Street Address (P.O. Box Number is Not Acceptable) **3700 S. OCEAN BLVD**
Suite 1706
 City **HIGHLAND BEACH** FL Zip Code **33487**

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKOFF-SHAPIRO, DARI 3700 SOUTH OCEAN BLVD SUITE 1706 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAPIRO, SETH 3700 SOUTH OCEAN BLVD SUITE 1706 HIGHLAND BEACH FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR SETH SHAPIRO DDS

2/14/01 **561-289-5886**
 Date Daytime Phone #

CR2E034 (10/00)