3/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
03-21-2001 90045 029 ***150.00

DOCUMENT # P99000067319

1. Entity Name
CHILDREN'S DENTAL CENTER OF KENDALL, PA

Principal Place of Business	Mailing Address
12515 KENDALL DR. SUITE 412 MIAMI FL 33186	12515 KENDALL DR. SUITE 412 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8966 SW 87th CT.			
Suite, Apt. #, etc.: SUITE 1		Suite, Apt. #, etc.	
City & State: MIAMI, FL. 33176		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0937431 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: MELVYN S. GOBER Street Address (P.O. Box Number is Not Acceptable): 12515 N KENDALL DRIVE #412 MIAMI, FL 33186 City FL 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 ____________________ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBER, MELVYN S 3072 OLD STILL LANE FT LAUDERDALE FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOBER, MELVYN S. 12515 N. KENDALL DR. #412 MIAMI, FL 33186	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILECA, MICHAEL 3510 GLENCOE ST MIAMI FL 33133	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: ____________________ 3/15/01 (305) 274-2499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #