

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90086 010 \*\*\*150.00

0147437 AV

**DOCUMENT # P99000067665**

1. Entity Name  
**DORINA MOLDOVAN, DDS, P.A.**

Principal Place of Business Mailing Address  
 1531 HOLLYWOOD BLVD. 1531 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

2. Principal Place of Business 3. Mailing Address  
**901 SE 8<sup>th</sup> AVE** **901 SE 8<sup>th</sup> AVE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State DEERFIELD BCH, FL DEERFIELD BCH, FL 4. FEI Number 65-0938036 Applied For Not Applicable  
 Zip 33441 Country USA Zip 33441 Country USA 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  
 MOLDOVAN, DORINA Name MOLDOVAN, DORINA  
 1531 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable)  
 HOLLYWOOD FL 33020 901 SE 8<sup>th</sup> AVE  
 City DEERFIELD BCH FL Zip Code 33441

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 *[Signature]* DATE 1/8/02  
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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 MOLDOVAN, DORINA 1531 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLDOVAN, DORINA 901 SE 8 <sup>th</sup> AVE DEERFIELD BCH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE 1/7/02 9:426-2298  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)