

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079487

1. Entity Name

BRUCE A SCHWARTZ, DDS, P.A.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90075 014 ***150.00

Principal Place of Business

10773 CLEARY BLVD #106
PLANTATION FL 33324

Mailing Address

10773 CLEARY BLVD #106
PLANTATION FL 33324-7373

2. Principal Place of Business

3. Mailing Address

11062 N.W. 8th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANTATION FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33324

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

SCHWARTZ, BRUCE A
10773 CLEARY BLVD #106
PLANTATION FL 33324

Name BRUCE A. SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)
11062 N.W. 8th COURT

City PLANTATION FL Zip Code 33324

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, 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 \$150.00
After MAY 1, 2000 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 Pres.
NAME BRUCE A. SCHWARTZ
STREET ADDRESS 11062 N.W. 8th COURT
CITY-ST-ZIP PLANTATION FLORIDA 33324

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STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)