

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V41218**

1. Entity Name

TRI TECH DENTAL STUDIOS, INC.

Principal Place of Business

**2922 N. STATE ROAD #7
MARGATE FL 33063**

Mailing Address

**5322 N.W. 116TH AVE.
CORAL SPRINGS FL 33076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0347626

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

**WHITNEY, SHARI
5322 N.W. 116TH AVENUE
CORAL SPRINGS FL 33076**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 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 | <input type="checkbox"/> Delete |
|-------|------------------------|-------------------------------|-------------------------------|---------------------------------|
| | D BASKIN, DAVID | 5322 N.W. 116TH AVENUE | CORAL SPRINGS FL 33076 | |

| | | | | |
|--|-------------------------|-------------------------------|-------------------------------|--|
| | D WHITNEY, SHARI | 5322 N.W. 116TH AVENUE | CORAL SPRINGS FL 33076 | |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shari Whitney

Date

3/6/01 796-0323

Daytime Phone #

**FILED
Mar 12, 2001 8:00 am
Secretary of State**

03-12-2001 90027 026 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)