

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V73135

1. Entity Name  
STEVEN H. FEIT, D.M.D., P.A.

Principal Place of Business  
7000 W. CAMINO REAL  
SUITE 130  
BOCA RATON FL 33433  
US

Mailing Address  
7000 W. CAMINO REAL  
SUITE 130  
BOCA RATON FL 33433  
US

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 65-0363614

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

B0000629



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FEIT, STEVEN H  
7000 W CAMINO REAL  
SUITE 130  
BOCA RATON FL 33433

## 7. Name and Address of New Registered Agent

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, 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

TITLE DP  
NAME FEIT, STEVEN HOWARD  
STREET ADDRESS 7000 W. CAMINO REAL 130  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE ST  
NAME FEIT, STEVEN HOWARD  
STREET ADDRESS 7000 W. CAMINO REAL SUITE 130  
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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

1/3/02

561-338-7535

CR2E034 (9/01)

0377217 AV

FILED  
Jan 08, 2002 8:00 am  
Secretary of State

01-08-2002 90006 004 \*\*\*150.00