2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05730

1. Entity Name

JORGE L. CRESPO, D.D.S., P.A.



FILED Sep 13, 2000 8:00 am Secretary of State 09-13-2000 90049 050 ***550.00

001102	E. Oligor of Bibloi, 1 in		'			02 13 2000 2	00 12 030	330.00
Principal Plac	ce of Business	Mailing Address	 -		1			
Principal Place of Business C/O JORGE L. CRESPO 1300 CORAL WAY. SUITE 101 MIAMI FL 33145 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Current		C/O JORGE L. CRESPO 1300 CORAL WAY. SUITE 101 MIAMI FL 33145			80106251			
2. Principal Place of Business 3. Mailing Address					1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	
City & State	le	City & State			4.	59-2493952		Applied Fo
Zip	Country	Zip	Count	ry	5. (Certificate of Status Desired [\$8.75 Fee Re	Additional
	6. Name and Address of Current R	egistered Agent			7. 1	Name and Address of New Regis	tered Agent	
			ŀ	Name				
1300 SUIT MIAI	ESPO, JORGE L. O CORAL WAY TE #101 MI FL 33145					ox Number is Not Acceptable)	·Fig. Zip) Code
3. The above	named entity submits this statement for i	he purpose of changing its					1	
SIGNATURE :	Signature, typed or printed name of registered agent and	fittle if applicable. (NOT	E: Registered	Agent signature require	el nerfw be	einstating)	DATE .	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After SEPTEMBER 13, Make Check Payable				Min. will be \$75	ate	10. Election Campaign Financi Trust Fund Contribution.		\$5.00 May B Added to Fees
11.	OFFICERS AND D		12.	· · ·	AD	DITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 11
ritle Name Street Address City-St-Zip	DPS CRESPO, JORGE L. 1300 CORAL WAY, #101 MIAMI FL	Delete	•	T ADDRESS ST-ZIP			☐ Ch	ange □ Add
TITLE NAME STREET ADDRESS	A	☐ Delete		T ADDRESS			☐ Cha	ange Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE	T ADDRESS	<u> </u>		□ Cha	ange 🔲 Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Cha	ange 🗌 Add
TITLE LAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADORESS			☐ Cha	ange 🔲 Addi
IITLE Name Street adoress City-St-Zip	certify that the information supplied with the on this report or supplemental report is tr	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP			□ Cha	ange 🗋 Add.

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 life empowered.

SIGNATURE:

This was previously sent: A puid
Meane Adisce as to what ho be.

Jam sending the new me just in
care:

Mark you.

ξ

.

.

.

attachment of MO5730

2000 UNIFORM BUSINESS REPORT (UBR) B0104251 DOCUMENT # M05730 1. Entity Name JORGE L. CRESPO, D.D.S., P.A. Principal Place of Business Mailing Address C/O JORGE L. CRESPO C/O JORGE L CRESPO 1300 CORAL WAY, SUITE 101 1300 CORAL WAY, SUITE 101 MIAMI FL 33145 MIAMI FL 33145-2934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For : 59-2493952 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRESPO, JORGE L. Street Address (P.O. Box Number is Not Acceptable) 1300 CORAL WAY SUITE #101 中心理 医甲基氏性原则性及性腹肿性 一个小块一个 **MIAMI FL 33145** City Zip Code 2. 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) FILENOWILL FEELS \$150,000 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. AtterMAY (1/2000 Geovernment of State) Make Check (Payaba to Department of State) Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPS** IIILE Delete TITLE ☐ Change Addition CR2E034 (9/99) CRESPO, JORGE L. NAME AUBERT ADDRESS 1300 CORAL WAY, #101 STREET ADDRESS ST-ZIP City+St-7iP MIAM! FL ☐ Delete TITLE Change Addition NAME STREET ADDRESS ST-210 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CT 7ID CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP ST ZD A CONTRACT C Delete TITLE □ Change Addition NAME STREET ADDRESS ST ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP 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 entrowered to execute this report as jeguined by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

indicated on this report or supplemental report is true of the corporation or the receiver or trustee enhancer changed, or on an attackment with an address, with a

NING OFFICER OR DIRECTOR