

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000023609

FILED  
Jan 31, 2002 8:00 AM  
Secretary of State

**Entity Name:** MEDI-DENT RESOURCES, INC.

**Current Principal Place of Business:**

7583 W. 33RD LANE  
HIALEAH, FL 33018

**New Principal Place of Business:**

**Current Mailing Address:**

7583 W. 33RD LANE  
HIALEAH, FL 33018

**New Mailing Address:**

**FEI Number:** 65-1086048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, JOSE MANUEL  
7583 W. 33RD LANE  
HIALEAH, FL 33018

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** MARTINEZ, JOSE MANUEL  
**Address:** 7583 W. 33RD LANE  
**City-St-Zip:** HIALEAH, FL 33018

**Title:** VPD ( ) Delete  
**Name:** MARTINEZ, GUADALUPE  
**Address:** 7583 W. 33RD LANE  
**City-St-Zip:** HIALEAH, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GUADALUPE MARTINEZ

VPD

01/31/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date