2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90285 005 ***150.00

0232920

DOCUMENT # P94000026484

1. Entity Name
OSCAR L. CASTRO, D.D.S. P.A.

Principal Place of Business	Mailing Address
~~13625 SW 26 STREET~~ ~~MIAMI FL 33175~~	~~13625 SW 26 STREET~~ ~~MIAMI FL 33175~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3822 S.W. 137 AVE	3822 S.W. 137 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - Fl.	City & State: MIAMI - Fl.
Zip: 33175 Country: DADE	Zip: 33175 Country: DADE

4. FEI Number 65-0480559 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTRO, OSCAR L
~~1524 SW 141 AVE~~
~~MIAMI FL 33184~~

7. Name and Address of New Registered Agent

Name: CASTRO, OSCAR L
Street Address (P.O. Box Number is Not Acceptable): 3822 S.W. 137 AVE.
City: MIAMI FL Zip Code: 33175

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTRO, OSCAR L ~~1524 SW 141 AVE~~ ~~MIAMI FL 33184~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTRO, OSCAR L 3822 S.W. 137 AVE MIAMI - Fl. 33175 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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] OSCAR L. CASTRO 4-19-01 305 559-7001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)