2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State
08-03-2000 90037 005 ***150.00

DOCUMENT # P97000090413

1. Entity Name
MANOR DENTAL STUDIO, INC.

Principal Place of Business	Mailing Address
4315 N.W. 7TH STREET #33 MIAMI FL 33126	4315 N.W. 7TH STREET #33 MIAMI FL 33126

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0788787 ☐ 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
MONNE, OTTO 4315 N.W. 7TH STREET #33 MIAMI FL 33126	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 MONNE, OTTO 4315 N.W. 7TH STREET SUITE 33 MIAMI FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

attachment # P97000090413
A00071244

MANOR DENTAL STUDIO, INC.
4315 NW 7TH STREET
MIAMI, FL 33126
TEL 305-444-6491

JULY 18, 2000

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

REF.: **DOCUMENT # P97000090413**
MANOR DENTAL STUDIO, INC.
FEI NUMBER 65-0788787

DEAR SIR,

SINCE I STARTED MY DENTAL STUDIO, I HAVE NEVER FAILED TO SEND THE NECESSARY FEES ON TIME IN ORDER TO STAY IN BUSINESS. IF THIS YEAR I DID NOT SEND IT, IT WAS BECAUSE I NEVER RECEIVED A FIRST NOTICE OR ANY FORMS IN RELATION TO THE **2000 UNIFORM BUSINESS REPORT (UBR)**.

I WOULD LIKE THAT THE PENALTY OF $400.00 BE WAIVED, I AM ENCLOSING THE FEE OF $150.00, AND NOW I KNOW THAT I HAVE TO BE AWARE TO FILE EVERY YEAR BEFORE MAY 1.

IF MORE INFORMATION IS NEEDED, PLEASE DO NOT HESITATE TO CONTACT THE UNDERSIGNED.

VERY TRULY YOURS,

OTTO MONNE

OM/OM