# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2001 8:00 am**
**Secretary of State**
04-30-2001 90062 010 ***150.00

DOCUMENT # P98000068868

1. Entity Name

SOUTH DENTAL OF PEMBROKE PINES INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 601 NW 179 AVE<br>SUITE 101<br>PEMBROKE PINES FL 33029 | 601 NW 179 AVE<br>SUITE 101<br>PEMBROKE PINES FL 33029 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 801 NW 179 Ave. ~~#101~~ | 801 NW 179 Ave. |
| Suite, Apt. #, etc.<br>#101 | Suite, Apt. #, etc.<br>101 |
| City & State<br>Pembroke Pines, FL | City & State<br>Pembroke Pines, FL |
| Zip<br>33029 Country | Zip<br>33029 Country |

4. FEI Number 65-0857538 ☐ 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 |
|---|---|
| HERNANDEZ, HOSEY<br>2701 S BAYSHORE DR<br>SUITE 602<br>COCONUT GROVE FL 33133 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 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 | P<br>MORALES, EFREN<br>14135 S.W. 100TH TERRACE<br>MIAMI FL 33186 | ☐ 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 | VP<br>John Oppenheimer<br>11055 SW 15th St., #1-212<br>Pembroke Pines, FL 33025<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Carlos E. Lacayo<br>9620 SW 152nd Ave., #40<br>Miami, FL 33196<br>☐ 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: _____ /Efren Morales - 04-20-01 - 305-273 1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)