2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90025 005 ***150.00

DOCUMENT # P98000068868

1. Entity Name

SOUTH DENTAL OF PEMBROKE PINES INC.

Principal Place of Business	Mailing Address
801 NW 179TH AVE SUITE 101 PEMBROKE PINES FL 33029	801 NW 179TH AVE SUITE 101 PEMBROKE PINES FL 33029

413446

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 N.W. 179th AVE.	
Suite, Apt. #, etc. 101.	Suite, Apt. #, etc.
City & State Pembroke pines	City & State
Zip FL, 33029.	Country
	Zip
	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 2701 S BAYSHORE DR SUITE 602 COCONUT GROVE FL 33133	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 $150.00
After May 1, 2002 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 OPPENHEIMER, JAHN 11055 S.W. 15TH STREET, #1-212 PEMBROKE PINES FL 33025 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jose Peral T.A DDS PRESIDENT 601 N.W. 179 AVE Suite 101. Pembroke pines, FL. 33029 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT MORALES, EFREN 14135 S.W. 100 TERRACE MIAMI FL 33186 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT EFREN Morales. SAME. 7931 S.W 120 place Miami FL. 33183 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LACAYO, CARLOS E 9620 SW 152ND AVE #40 MIAMI FL 33196 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME. ☐ 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

CR2E034 (9/01)

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 02-06-02 (305 2731113)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #