

05-23-2001 90465 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106347

1. Entity Name
ANA T. SOTERAS, D.D.S., P.A.

Principal Place of Business Mailing Address
4827 NW 183 STREET **4827 NW 183 STREET**
MIAMI FL 33055 **MIAMI FL 33055**

660145

2. Principal Place of Business 3. Mailing Address
4827 NW 183rd ST. **SAME AS ABOVE**



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
MIAMI, FL **FLORIDA** **65-0885457** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33055 **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SOTERAS, ANA T
4827 NW 183 STREET
MIAMI FL 33055

Name **SAME**
 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. **FILE NOW!! SEE IS: \$150.00**
 Tax filing requirement and elects to do so. **FEES WILL BE \$550.00**
 (See criteria on back) **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 SOTERAS, ANA T 4827 NW 183 STREET MIAMI FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **ANA T. SOTERAS, D.D.S.** Date: **4/30/01**

CR2204 (10/00)