

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91267 014 \*\*\*150.00

**DOCUMENT # P98000106347**

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

Principal Place of Business <b>4827 NW 183 STREET          MIAMI FL 33055</b>	Mailing Address <b>4827 NW 183 STREET          MIAMI FL 33055</b>
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100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0885457**

Applied For  
 Not Applicable

Zip Country

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

**SOTERAS, ANA T  
 4827 NW 183 STREET  
 MIAMI FL 33055**

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SOTERAS, ANA T		
STREET ADDRESS	4827 NW 183 STREET		
CITY-ST-ZIP	MIAMI FL 33055		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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)(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, and all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date: 5/21/02 Daytime Phone #: (305) 222-2622

CR2E034 (9/01)



Attachment

ANA T. SOTERAS, D.D.S.

4827 N.W. 183rd Street  
Miami, Florida 33055

Telephone: (305) 622-2622

433588

MAY 2, 2002

TO: UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O. Box 1500  
TALLAHASSEE, FL 32302-1500

TO WHOM IT MAY CONCERN,

ENCLOSED PLEASE FIND A CHECK FOR MY  
2002 UNIFORM BUSINESS REPORT (DOCUMENT # P98000106347)

THE ENVELOPE HAD BEEN ERRONEOUSLY DELIVERED  
TO THE LAUNDROMAT NEXT DOOR, I RECEIVED  
THE APPLICATION (UBR) TODAY.

I AM ASKING YOU TO PLEASE ACCEPT THE  
USUAL FEE, SINCE THIS HAS NEVER HAPPENED  
BEFORE.

MY ANTICIPATED THANKS FOR YOUR  
CONSIDERATION IN THIS MATTER.

SINCERELY,

ANAT. SOTERAS, D.D.S., P.A.