

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90075 033 \*\*\*150.00

**DOCUMENT # P99000034686**

1. Entity Name  
**BEST DENT REMOVAL, INC.**

Principal Place of Business 20840 N.W. 3RD COURT PEMBROKE PINES FL 33029	Mailing Address 20840 N.W. 3RD COURT PEMBROKE PINES FL 33265-0085
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**637168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>14200 SW 36 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 650085</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>Miami FL</b>	4. FEI Number <b>65-0913058</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33175</b>	Country <b>USA</b>	Zip <b>33265</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MACHADO, MILTON 20840 N.W. 3RD COURT PEMBROKE PINES FL 33029</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Milton Machado* DATE 1/7/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>PD MACHADO, MILTON 20840 N.W. 3RD COURT PEMBROKE PINES FL 33029</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Milton Machado* DATE 1/7/00 (305) 331-1918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)