

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056173

1. Entity Name

SUNSHINE STATE DENTISTRY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90127 015 ***150.00

Principal Place of Business

8090 SW 72ND AVE. STE J-1
MIAMI FL 33143

Mailing Address

8090 SW 72ND AVE. STE J-1
MIAMI FL 33143-7664

2. Principal Place of Business

4315 NW 7TH ST

3. Mailing Address

4315 NW 7TH ST

Suite, Apt. #, etc.

31

Suite, Apt. #, etc.

31

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33126

Country

DADE

Zip

33126

Country

DADE

4. FEI Number

65-0847561

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

CONGOTE, LUIS F DDS
8090 SW 72ND AVE, APT J-1
MIAMI FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

4315 NW 7TH ST SUITE # 31

City

MIAMI

FL

Zip Code

33143

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, 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 PSD ☐ Delete
NAME CONGOTE, LUIS F DDS
STREET ADDRESS 8090 SW 72ND AVE, APT J-1
CITY-ST-ZIP MIAMI FL 33143

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4315 NW 7TH ST SUITE # 31
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Luis F. Congote*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)