

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P99000034686*  
1. Entity Name  
*DENT WORKS, INC.*

02 MAY 23 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*8960 NW 8TH ST*  
Suite, Apt. #, etc.  
*APT. 508*  
City & State  
*MIAMI FL 33172*  
Zip Country

3. Mailing Address  
*SAME*  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65-0913058* Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*MILTON MACHADO*  
Street Address (P.O. Box Number is Not Acceptable)  
*8960 NW 8TH ST APT 508*  
City  
*MIAMI* FL Zip Code  
*33172*

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 *5/16/02*  
Signature, typed or printed name of registered agent and fee, 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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PT/Is/D MILTON MACHADO 8960 NW 8TH ST APT. 508 MIAMI FL 33172</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>400005754654-- -05/11/02--01122--006 ***300.00 ***300.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>201.25 - AR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10.00 - ARADRS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>88.75 - ARsupp</i>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Milton Machado* DATE: *5/16/02* DAYTIME PHONE #: *305-331-1918*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

DENT WORKS INC  
8960 NW 8<sup>TH</sup> ST APT. 508  
MIAMI, FL 33172  
(305) 331-1918

May 16, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P99000034686

Dear Sir or Madam:

We are enclosing the Uniform Business Report for the above corporation with a check for \$300.00. We were not aware that we had to pay this fee until this year because we never received the enclosed form. Our intention as a new business is not to avoid paying the appropriate fees, but unfortunately, this has been a learning process.

Please accept our check and payment for \$300.00 and consider not penalizing us. We truly appreciate your cooperation.

Sincerely,



Milton Machado