

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90159 019 ***550.00

DOCUMENT # F00000004560

1. Entity Name
JOSE R. MELLADO D.M.D., P.A.

Principal Place of Business
299 ALHAMBRA CIRCLE #202 CORAL GABLES FL 33134

Mailing Address
7885 SW 104TH ST STE 228 MIAMI FL 33158



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
299 ALHAMBRA CIRCLE
 Suite, Apt. #, etc.
202
 City & State
CORAL GABLES, FL
 Zip
33134
 Country
USA

4. FEI Number **65-0975547**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BLOOMFIELD, ROBERT L PA
1601 N. PALM AVE #2031
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **9/3/02**

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:

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

| | | |
|----------------|--------------------------|--|
| TITLE | PCD | <input checked="" type="checkbox"/> Delete |
| NAME | MELLADO, JOSE R | |
| STREET ADDRESS | 6767 COLLINS AVE., #1506 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mellado, Jose R. | |
| STREET ADDRESS | 6301 Collins Ave., #2005 | |
| CITY-ST-ZIP | Miami Beach, FL 33141 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 an officer or director empowered.

SIGNATURE: *[Signature]* DATE: **9/3/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

del Amo
**del Amo
& Mellado**
PERIODONTICS

FOOOOOO4560

R. Eduardo del Amo, D.M.D.
Juan Carlos López, D.M.D., M.D.S.
José R. Mellado, D.M.D., M.S.*
*Diplomate, American Board of Periodontology

September 18, 2002

Uniform Business Report
Division Of Corporations
P.O. BOX 1500
Tallahassee, Florida 32302-1500

To whom it may concern:

Please be adviaed that on September 3rd, I mailed the report and payment, but the U.S. postal service returned the reports envelope with the original check missing that was inside. I am enclosing the envelope and a new check for the amount of \$550.00.

The other check # 1129, I had to put a stop payment. If you should have any further questions, please do not hesitate to give me a call at (305) 558-2200.

I thank you for your cooperation.

Sincerely,


JOSE R. MELLADO

JRM/bl

• PERIODONTICS • IMPLANT DENTISTRY

299 Alhambra Circle, Suite 202, Coral Gables, FL 33134 • Phone 305 441 0302 • Fax 305 441 0177

1800 West 49th Street, Suite 105, Hialeah, FL 33012 • Phone 305 558 2200 • Fax 305 556 3006