

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000056104

Entity Name: ASESORIA ORAL, CORP.**Current Principal Place of Business:**1600 PONCE DE LEÓN BLV. 10TH FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**7666 NW 103 PL.
DORAL, FL 33178 US**FEI Number:** 20-4726861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OROPEZA ALVAREZ, ELBA C
7666 NW 103 PL.
UNIT 650
DORAL, FL 33178 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P	Title	VS
Name	OROPEZA, HUMBERTO	Name	DE OROPEZA, CARMENCRISTINA A
Address	7666 NW 103 PL. UNIT 650	Address	7666 NW 103 PL. UNIT 650
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	D	Title	D
Name	OROPEZA , JESUS	Name	OROPEZA, JAVIER
Address	7666 NW 103 PL. UNIT 650	Address	7666 NW 103 PL. UNIT 650
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178
Title	D		
Name	OROPEZA ALVAREZ, ELBA C		
Address	7666 NW 103 PL. UNIT 650		
City-State-Zip:	DORAL FL 33178		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HUMBERTO OROPEZA

P

11/20/2020

Electronic Signature of Signing Officer/Director Detail_____
Date