

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000040082

**Entity Name:** MINT DENTAL STUDIO, INC.

**Current Principal Place of Business:**

17701 NW 78TH AVE  
HIALEAH, FL 33015

**Current Mailing Address:**

17701 NW 78TH AVE  
HIALEAH, FL 33015

**FEI Number:** 82-1430756

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BETANCOURT, MAYRA G  
8013 NW 163RD TERRACE  
MIAMI LAKES, FL 33016 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	PVT	Title	VP
Name	BETANCOURT, MAYRA G	Name	TENDERO, JESSICA
Address	8013 NW 163RD TERRACE	Address	17701 NW 78TH AVE
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	HIALEAH FL 33015

*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:** MAYRA G. BETANCOURT

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date