

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 542836**

1. Entity Name  
**ECHENIQUE AND PADRON, M.D.S, P.A.**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90152 030 \*\*\*150.00

Principal Place of Business                      Mailing Address  
**2931 CORAL WAY**                                      **2931 CORAL WAY**  
**MIAMI FL 33145**                                      **MIAMI FL 33145-3205**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business                      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State

4. FEI Number                      **59-1754966**                      Applied For  
Not Applicable

Zip                      Country                      Zip                      Country                      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

**SACHER, CHARLES P**  
**2655 LEJEUNE ROAD**  
**SUITE 1101**  
**CORAL GABLES FL 33134**

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.

SIGNATURE \_\_\_\_\_ (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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ECHENIQUE, JORGE E.</b> <b>2931 CORAL WAY</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PADRON, MANUEL R</b> <b>2931 CORAL WAY</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-6-00**                      Daytime Phone #: **305 4484 431**

CR2E034 (9/99)