

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90196 013 ***150.00

DOCUMENT # 546255

1. Entity Name
JORGE C. MESTRE, D.M.D., P.A.

Principal Place of Business
8500 W. FLAGLER ST., B-201
MIAMI FL 33144

Mailing Address
8500 W. FLAGLER ST., B-201
MIAMI FL 33144

2. Principal Place of Business
7451 S.W. 165 TERRACE
 Suite, Apt. #, etc.

3. Mailing Address
7451 S.W. 165 TERRACE
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number **59-1762362**

Applied For
 Not Applicable

Zip **33157** Country **Dade**

Zip **33157-3848** Country **Dade**

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

MESTRE, D.M.D., JORGE C.
8500 W. FLAGLER ST. B201
MIAMI FL 33144

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
7451 S.W. 165 TERRACE
MIAMI, FL 33157
 City **MIAMI** FL Zip Code **33157**

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: *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(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, 2002 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

TITLE **PD** ☐ Delete
 NAME **MESTRE, JORGE C.**
 STREET ADDRESS **8500 W FLAGLER ST B201**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **7451 S.W. 165 TERRACE**
 CITY-ST-ZIP **MIAMI, FL 33157-3848**

TITLE **VD** ☐ Delete
 NAME **RIOS, JUAN R.**
 STREET ADDRESS **8500 W FLAGLER ST B201**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **9580 S.W. 40TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **VD** ☐ Delete
 NAME **CALDERON, LUIS**
 STREET ADDRESS **8500 W FLAGLER ST B201**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **14445 CALABAY COURT**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)