

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90313 005 ***150.00

DOCUMENT # 604293

1. Entity Name

JOSE L. SALGUEIRO, D.D.S., P.A.

Principal Place of Business

Mailing Address

~~7795 W FLAGLER STREET, #23~~
~~MIAMI FL 33144~~

~~7795 W FLAGLER STREET, #23~~
~~MIAMI FL 33144~~

708346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7933 NW 2nd ST

3. Mailing Address

7933 NW 2nd ST

Suite, Apt. #, etc.

MIAMI FL

Suite, Apt. #, etc.

MIAMI FL

City & State

33126

City & State

33126

4. FEI Number

59-1453856

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

SALGUEIRO, JOSE L
14234 S.W. 84 ST.
MIAMI FL 33183

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JOSE L. SALGUEIRO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/01

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, 2001 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 Delete
 NAME **D**
 STREET ADDRESS **SALGUEIRO, JOSE L**
 CITY-ST-ZIP **7795 W FLAGLER ST**
MIAMI FL

TITLE Change Addition
 NAME
 STREET ADDRESS **7933 NW 2nd ST**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE L SALGUEIRO

Date

1/26/01

Daytime Phone #

3052615251

CR2E034 (10/00)