2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 SEP 25 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755185

1. Entity Name

CEOLA-HELO DENTAL ASSOCIATION, INC. (ADCH)

Principal Place of Business	Mailing Address
P.O. BOX 451237 MIAMI FL 33245-1335 US	P.O. BOX 451237 MIAMI FL 33245-1335 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0146194 ☐ Applied For ☐ Not Applicable

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
GENO, JOSE G 2200 SW 16 ST #202 MIAMI FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) 600003419956---6 -10/10/00--01010--020 *****61.25 *****61.25 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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT VELASCO, ROLANDO 5757 SW 8 ST MIAMI FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dra. Beatriz E. Terry 4011 W Flagler St. 506 Miami Fl 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOMINGUEZ, ORLANDO 9280 SW 150TH AVE, #104 MIAMI FL 33196	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dr. Rolando Velasco 5757 SW 8ST Miami Fl. 33144	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ, FRANCISCO E 801 NW 37 AVE. #204 MIAMI FL 33125	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dra. Maeia Oquet 3825 SW-137 ave Miami FL 33175	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TERRY, BEATRIX 4011 W FLAGLER ST 506 MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Dr. Pablo J. Fonseca 4560 NW 7 ST Miami Fl 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRESPO, JORGE 1300 CAROL WAY MIAMI FL 33145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/13/00 (305) 269 17 81
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #