2/13

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
02-13-2001 90023 033 ****61.25

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) 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

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 D VELASCO, ROLANDO 5757 SW 8 ST. MIAMI FL 33144	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HR. D EILEEN LUJAN 3737 SW 8 ST # 300 MIAMI FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D TERRY, BEATRIZ E DR. 4011 W. FLAGLER ST., #506 MIAMI FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCISCO D HERNANDEZ 801 NW 37 AVE # 204 MIAMI FL 33125
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VELASCO, ROLANDO E DR. 5757 S.W. 8 ST. MIAMI FL 33144	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S A. HELENA JIMENEZ 13792 SW 8 ST MIAMI FL 33184
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OQUET, MARIA DR. 3822 S.W. 137 AVE. MIAMI FL 33175	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FONSECA, PABLO J DR. 4560 N.W. 7 ST. MIAMI FL 33126	☒ 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 (10/00)

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: _____ 2-8-01 (305) 643-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #