

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755185

1. Entity Name

CEOLA-HELO DENTAL ASSOCIATION, INC. (ADCH)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90023 016 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 451237
MIAMI FL 33245-1335
US

P.O. BOX 451237
MIAMI FL 33245-1335
US

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
TD
LUJAN, EILEEN
3737 SW 8TH STREET #300
MIAMI FL 33134 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
TERRY, BEATRIZ E DR.
4011 W. FLAGLER ST., #506
MIAMI FL 33134 ☐ Delete

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

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. Maria Sauto
6512 Coral Way
Miami FL 33155 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HERNANDEZ, FRANCISCO D
801 NW 37TH AVENUE #204
MIAMI FL 33125 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
JIMENEZ, A. HELENA
13792 SW 8TH STREET
MIAMI FL 33184 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Jimenez, A. Helena
VP 13792 SW 8th Street
Miami, FL 33184 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-02

305-448-4433

Date

Daytime Phone #

CR2E037 (9/01)