

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90060 014 ****61.25

DOCUMENT # 755185

1. Entity Name

CEOLA-HELO DENTAL ASSOCIATION, INC. (ADCH)



Principal Place of Business

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

Mailing Address

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 **Lujan, Aldo Jr.**

Street Address (P.O. Box Number is Not Acceptable)
8500 West Flagler St B201

City **Miami**

FL

Zip Code
33144

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Aldo Lujan Jr.**

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

(NOTE: Registered Agent signature required when reinstating)

8/14/03
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **LUJAN, EILEEN**
STREET ADDRESS **3737 SW 8TH STREET #300**
CITY-ST-ZIP **MIAMI FL 33134**

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

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

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

TITLE **S** ☒ Delete
NAME **SOUTO, MARIA**
STREET ADDRESS **6512 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President** ☒ Change ☐ Addition
NAME **Rita Echevarria**
STREET ADDRESS **6085 Bird Road Suite 200**
CITY-ST-ZIP **Miami FL 33155**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **ALDO-Lujan Jr.**
STREET ADDRESS **8500 West Flagler St B201**
CITY-ST-ZIP **Miami FL 33144**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Alicia Abreu-Kirschner**
STREET ADDRESS **7755 SW 87 Ave Suite 120**
CITY-ST-ZIP **Miami FL 33173**

TITLE **Vice Treasurer** ☒ Change ☐ Addition
NAME **Gilbert Toledo**
STREET ADDRESS **7765 SW 87 Ave Ste 109**
CITY-ST-ZIP **Miami FL 33173**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **Irving Carvajal**
STREET ADDRESS **10114 SW 107 Ave**
CITY-ST-ZIP **Miami FL 33176**

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

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**

8/14/03 3056653133

CR2E037 (4/03)